

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 SEP 23 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100008017521--8

-09/25/02--01051--019

****358.75 ****358.75

DOCUMENT #

710080

1. Corporation Name **WEST PALM Bch. Post 2007
BUILDING CORPORATION, INC.
VETERANS OF FOREIGN WARS**

2. Principal Office Address

3. Mailing Office Address

1126 CLARE AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WEST PALM Bch. FL

Zip

Country

Zip

Country

33401

USA

REINSTATEMENT 0202

4. Date Incorporated or Qualified
To Do Business in Florida

12/21/65

5. FEI Number

590979243

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOHN GAYNOR

Street Address (P.O. Box Number is Not Acceptable)

146 HAMPTON CIRCLE

Suite, Apt. #, Etc.

[REDACTED]

City

JUPITER

State
FL

Zip Code

33458

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Anthony Schell

REGISTERED AGENT MUST SIGN

Date **8/30/02**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
R/A	ANTHONY SCHELL	5281 CHELAN COVE	LAKE WORTH, FL 33467
V.P.	ROBERT GRAVES	15170 79TH TERRACE N.	PALM Bch. GARDENS, FL 33418
SEC.	WILLIAM BEALE	2011 NW 24TH ST. LOT 436	BOYNTON Bch. FL 33436

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Anthony Schell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/30/02

Date

54-439-1868

Daytime Phone #

CR2081 (9/01)