


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	<p style="font-size: small;">F.A. 510</p> <p style="font-size: large;">15 FEB 24 PM 5:51</p> <p style="font-size: small;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>
<b>DOCUMENT #</b> 710080			
<b>1. Corporation Name</b> WEST PALM BEACH POST 2007 BUILDING CORP, INC. VETERANS OF FOREIGN WAR			
<b>2. Principal Office Address - No P.O. Box #</b> 1126 CLARE AVENUE <small>Suite, Apt. #, etc.</small>		<b>3. Mailing Office Address</b> 1126 CLARE AVENUE <small>Suite, Apt. #, etc.</small>	
<b>City &amp; State</b> WEST PALM BEACH, FL.		<b>City &amp; State</b> WEST PALM BEACH, FL.	
<b>Zip</b> 33401	<b>Country</b> PALM BEACH COUNTY	<b>Zip</b> 33401	<b>Country</b> PALM BEACH COUNTY
<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 12/21/1965		<b>5. FEI Number</b> 590979243	
<b>6. CERTIFICATE OF STATUS DESIRED</b> ACTIVE		\$8.75 Additional Fee required for a Certificate of Status	
<b>7. Name and Address of Current Registered Agent</b> Name: LOUIS SHANLEY Street Address (P.O. Box Number is Not Acceptable): 1126 CLARE AVENUE Suite, Apt. #, Etc.: City: WEST PALM BEACH State: FL Zip Code: 33401			
<b>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.</b> Signature of Registered Agent: <u>[Signature]</u> Date: <u>2/19/15</u> REGISTERED AGENT MUST SIGN			
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	LOUIS SHANLEY	2401 VILLAGE BLVD. #301	WEST PALM BEACH, FL 33409
QM	ANTONIO MATOS	5265 OVACHITTA DRIVE	WEST PALM BEACH, FL 33409
T	ANTHONY SCHEBELL	5281 CAELAN COVE	LAKE WORTH, FL. 33467
T	PHILIP FORTE	13130 CRISTAL D ACQUES DR	WEST PALM BEACH, FL. 33410
T	STEPHEN O'DELL	920 HANSEN STREET	WEST PALM BEACH, FL 33405
<b>REINSTATEMENT</b>			
FEB 24 2015			
<b>10. E-mail Address:</b> <u>Post 2007 @ FLVFW.ORG</u> <b>R. HUNT</b> <small>(To be used for future annual report notification)</small>			
<b>11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.</b>			
<b>SIGNATURE:</b> <u>[Signature]</u> <u>2/19/15</u> <u>(561) 833-0687</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			