PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR -7 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 711581

1. Corporation Name

Ormond Beach Post No. 267, ~~Dept~~. Department of Florida, The American Legion

REINSTATEMENT 02-04

900030026089
03/08/04--01050--026 **367.50

2. Principal Office Address		**3.** Mailing Office Address	
156 New Britain Ave		156 New Britain Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Ormond Beach, FL		Ormond Beach, FL	
Zip	Country	Zip	Country
32174	USA	32174	USA

4. Date Incorporated or Qualified To Do Business in Florida 10/06/1966

5. FEI Number 23-7178739 ☐ 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
Michael Armstrong

Street Address (P.O. Box Number is Not Acceptable)
36 Ormond Green Blvd

Suite, Apt. #, Etc.

City: Ormond Beach | State: FL | Zip Code: 32174

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 _____ Date February 26, 2004
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
P	James Tarus	27 Beechwood Drive	Ormond Beach, FL 32176
V	Gary Spencer	9 Big Bear Path	Ormond Beach, FL 32174
T	Michael Armstrong	36 Ormond Green Blvd	Ormond Beach, FL 32174

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: _____ Feb 26, 2004 (386) 672-7678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #