

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 92-97
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 APR 29 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #714279

1. Corporation Name **PORTORANGE AMERICAN LEGION
BUILDING INC**

Principal Place of Business Mailing Address

220 CHARLES STREET

PORT ORANGE, FLA

32119

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

3-10-68

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1416026

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	PIERCE Edward	3708 LARY LANE	New Smyrna Beach FL
D	DAY Howard L.	912 ORANGE AVE	PORT ORANGE FL
V	GOLINSKI JOE	556 OLIVER DRIVE	NEW SMYRNA BEACH FL
SD	SEEN SISCO	821 UPLAND DRIVE	PORT ORANGE FL
D	QUARTIER DONALD	1253 SPARTAN AVE	PORT ORANGE FLA
T	SLACK GLEN	209 FOX PLACE	PORT ORANGE FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Jerome E Lawler

309 AUTUMN TRAIL

PORT ORANGE, FLA 32119

Name

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

300002167183--6

Suite, Apt. #, Etc.

-05/06/97--01048--009

******542.50**

******542.50**

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Jerome E Lawler

REGISTERED AGENT MUST SIGN

Date

4/25/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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:

Ernest W. Harris (FINANCE OFFICER)

4-25-97

788-6800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (12/96)