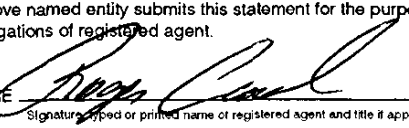
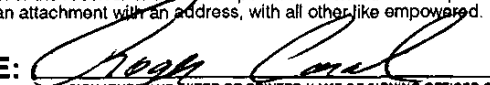


# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                        |                     |         |                                                                                                                                                                             |                                                                                                          |                                                                                                                                                                              |  |                                                                                                  |  |          |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|---------------------|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------|--|----------|--|
| <b>DOCUMENT # 314279</b><br>1. Entity Name<br>PORT ORANGE AMERICAN LEGION BUILDING, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                        |                     |         |                                                                                            |                                                                                                          | <b>FILED</b><br><br>06 NOV 13 AM 9:47<br><br>SEC. OF STATE<br>TALLAHASSEE, FLORIDA<br><br> |  |                                                                                                  |  |          |  |
| Principal Place of Business<br>119 HOWES STREET<br>PORT ORANGE, FL 32127 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                        |                     |         | Mailing Address<br>119 HOWES STREET<br>PORT ORANGE, FL 32127 US                                                                                                             |                                                                                                          |                                                                                                                                                                              |  |                                                                                                  |  |          |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                        | 3. Mailing Address  |         | 10072006 REIN-NP CR2E099 (11/05)                                                                                                                                            |                                                                                                          | 4. FEI Number<br>59-1416026                                                                                                                                                  |  | Applied For<br><input type="checkbox"/> Not Applicable                                           |  |          |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                        | Suite, Apt. #, etc. |         |                                                                                                                                                                             |                                                                                                          |                                                                                                                                                                              |  |                                                                                                  |  |          |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                        | City & State        |         |                                                                                                                                                                             |                                                                                                          |                                                                                                                                                                              |  |                                                                                                  |  |          |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                                                | Zip                 | Country |                                                                                                                                                                             |                                                                                                          |                                                                                                                                                                              |  |                                                                                                  |  |          |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                        |                     |         | 7. Name and Address of New Registered Agent                                                                                                                                 |                                                                                                          |                                                                                                                                                                              |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required         |  |          |  |
| PETERSON, FRANKLIN R<br>5218 ORANGE AVE<br>PORT ORANGE, FL 32127 <span style="float: right; font-size: 1.5em;">DELETE</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                        |                     |         | Name <u>ROGER CAROL CDR.</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><u>1703 MAGNOLIA AVE. F-1</u><br>City <u>SO. DAYTONA FL.</u> FL Zip Code <u>32119</u> |                                                                                                          |                                                                                                                                                                              |  |                                                                                                  |  |          |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.<br><br>SIGNATURE  (NOTE: Registered Agent signature required when reinstating)                                                                                                                                                                                                                                              |                                                                                                                        |                     |         | <b>REINSTATEMENT</b>                                                                                                                                                        |                                                                                                          |                                                                                                                                                                              |  |                                                                                                  |  |          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                        |                     |         |                                                                                                                                                                             |                                                                                                          |                                                                                                                                                                              |  |                                                                                                  |  |          |  |
| <b>FILE NOW!!! FEE IS \$61.25</b><br><b>After January 1, 2007, Fee will be \$122.50</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                        |                     |         | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.                                                                                |                                                                                                          |                                                                                                                                                                              |  | Make check payable to<br>Florida Department of State                                             |  |          |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                        |                     |         | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                                       |                                                                                                          |                                                                                                                                                                              |  | 600081254646<br>10/26/06--01038--010 **\$61.25<br><br>→ POST ADJUTANT<br>→ POST FINANCE OFFICER. |  |          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | T<br>RICE, ROY A<br>5210 ORANGE AVE<br>PORT ORANGE, FL 32127 <span style="float: right;">1ST VICE COMMANDER</span>     |                     |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                              | RICE, ROY A<br>5210 ORANGE<br>PORT ORANGE, FL 32127                                                      |                                                                                                                                                                              |  |                                                                                                  |  |          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VSD<br>PETERSON, FRANKLIN R<br>5218 ORANGE AVE<br>PORT ORANGE, FL 32127 <span style="float: right;">Delete</span>      |                     |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                              | CAROL, ROGER L.<br>1703 MAGNOLIA AVE - F-1<br>SOUTH DAYTONA BEACH FL 32119                               |                                                                                                                                                                              |  |                                                                                                  |  |          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | T<br>MCLANE, MARSHALL<br>62 WALTON BLVD<br>PT ORANGE, FL 32119 <span style="float: right;">Delete</span>               |                     |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                              | McLAUGHLIN, ROBERT M<br>119 HOWES ST.<br>PORT ORANGE, FL 32127 <span style="float: right;">Delete</span> |                                                                                                                                                                              |  |                                                                                                  |  |          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TSD<br>KRUM, MELVIN<br>179 BECKY DR<br>PORT ORANGE, FL 32119 <span style="float: right;">Delete</span>                 |                     |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                              | MURPHY, BRIAN, S<br>119 HOWES ST.<br>PORT ORANGE, FL 32127 <span style="float: right;">Delete</span>     |                                                                                                                                                                              |  |                                                                                                  |  |          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PD<br>CAROL, ROGER L<br>1703 MAGNOLIA F 9<br>DAYTONA BEACH, FL 32119 <span style="float: right;">Post Commander</span> |                     |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                              | 600081254646<br>10/26/06--01038--010 **\$61.25                                                           |                                                                                                                                                                              |  |                                                                                                  |  |          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | T<br>GUARNERI, SALVATORE J<br>217 SAND PEBBLE CIR<br>PORT ORANGE, FL 32119 <span style="float: right;">Delete</span>   |                     |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                              | → POST ADJUTANT<br>→ POST FINANCE OFFICER.                                                               |                                                                                                                                                                              |  |                                                                                                  |  |          |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                                                                        |                     |         |                                                                                                                                                                             |                                                                                                          |                                                                                                                                                                              |  |                                                                                                  |  |          |  |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                        |                     |         |                                                                                                                                                                             |                                                                                                          |                                                                                                                                                                              |  |                                                                                                  |  | 10-15-06 |  |