


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 2006 AR		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 714802			
1. Corporation Name The American Legion Post 194, Inc			
2. Principal Office Address 1029 W. Pearl ST. Suite, Apt. #, etc.		3. Mailing Office Address PO Box 1073 Suite, Apt. #, etc.	
City & State St. Augustine Fla		City & State	
Zip 32084	Country ST. JOHNS	Zip 32085	Country ST. JOHNS

FILED

06 JAN -6 PM 4:20

SECRET
TALLAHASSEE, FLORIDA

2006 ANNUAL REPORT

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 59-6200261	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Gregory B White	
Street Address (P.O. Box Number is Not Acceptable) 905 W. Pearl St	
Suite, Apt. #, Etc.	
City ST. Augustine Fla.	State FL
Zip Code 32084	

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 Gregory B White SR		Date 1-03-06	
REGISTERED AGENT MUST SIGN			
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
Finance Officer	Gregory B White	905 W. Pearl ST.	ST. Augustine Fla 32084
EB	Thomas Jackson	45 Nesmith ST	ST. Aug. Fla. 32084
EB	Joseph Logan	88 South ST.	ST. Aug. Fla. 32084
CO	SEPTIMUS C. CONNOR	205 SARANAC LN	ST. AUG. FLA. 32086
E.B.	Lawson Jukes	600 Domenico Circle	St. Aug. Fl. 32086
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: Gregory B White SR		January 03, 2006 (904) 829-8189	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	