

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 SEP 25 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **719235**

1. Corporation Name

Lake Worth Post No. 3588 Veterans of Foreign
Wars of the United States, Inc.

2. Principal Office Address

1114 N. Dixie Highway

Suite, Apt. #, etc.

City & State

Lake Worth, FL 3

Zip

33460

Country

USA

3. Mailing Office Address

1114 N. Dixie Highway

Suite, Apt. #, etc.

City & State

Lake Worth, FL

Zip

33460

Country

USA

REINSTATEMENT

97-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

09/01/1970

5. FEI Number

59-0589062

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

Peter J. Matthews

300003414513-3

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

1114 N. Dixie Highway

-10/05/00-01035-011

****428.75 ****428.75

Suite, Apt. #, Etc.

City

Lake Worth

State

FL

Zip Code

33460

LS

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

Peter J. Matthews

REGISTERED AGENT MUST SIGN

Date

2/5/00

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
SD	Harry B. Goff, Jr.	1114 N. Dixie Highway	Lake Worth, FL 33460
VD	Fred E. Reno	1114 N. Dixie Highway	Lake Worth, FL 33460
VD	Bruce H. Mally	1114 N. Dixie Highway	Lake Worth, FL 33460
TD	Peter J. Matthews	1114 N. Dixie Highway	Lake Worth, FL 33460
PD	Armand P. Bergeron	1114 N. Dixie Highway	Lake Worth, FL 33460

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:

Armand P. Bergeron

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Armand P. Bergeron

Date

9/21/00

Daytime Phone #

561 683-1965