2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT#722306

FILED Oct 20, 2005 Secretary of State

Entity Name: WEST ORANGE POST NO. 4305 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Current Principal Place of Business: New Principal Place of Business: 1170 E. PLANT ST. P.O. BOX 770456 WINTER GARDEN, FL 347777456 **New Mailing Address: Current Mailing Address:** 1170 E. PLANT ST P.O. BOX 770456 WINTER GARDEN, FL 347777456 FEI Number: 59-1289065 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JOHNSON, BENNLE R HIGGINS, DAVID 16 GARDENIA DRIVE 219 N HIGHLAND AVE WINTER GARDEN, FL 34787 WINTER GARDEN, FL 34787 US US 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. SIGNATURE: DAVID HIGGINS 10/20/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete SMOOT, GRAHAM HIGGINS, DAVID Name: Name: 15840 SE 50 #109 Address: 219 N HIGHLAND AVE Address: City-St-Zip: CLERMONT, FL 34711 City-St-Zip: WINTER GARDEN, FL 34787 Title: () Delete Title: (X) Change () Addition HIGGINS, DAVID A Name: IRELAND, BERNARD R Name: Address: 219 N HIGHLAND AVE Address: PO BOX 770456 City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: WINTER GARDEN, FL 34787 Title: () Delete Title: () Change () Addition SLATDEN, BERT Name: Name: 9 GARDENIA DR Address: Address: City-St-Zip: WINTER GARDEN, FL City-St-Zip: Title: () Delete Title: () Change () Addition Name: BOYEN, DAVID Name: PO BOX 770456 Address: Address: City-St-Zip: WINTER GARDEN, FL City-St-Zip: Title: (X) Delete Title: () Change () Addition JOHNSON, RAY Name: Name: 16 GARDENIA DR Address: Address: WINTER GARDEN, FL 34787 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID HIGGINS P 10/20/2005