2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT#722306

FILED Dec 08, 2009 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 WINTER GARDEN, FL 34787 LIS **Current Mailing Address: New Mailing Address:** P.O. BOX 770456 WINTER GARDEN, FL 347770456 US FEI Number: 59-1289065 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) 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: BATEMAN, JAMES R 316 BAYWEST NEIGHBORS CIR ORLANDO, FL 32835 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: JAMES R. BATEMAN Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BATEMAN, JAMES R Name: Name: 316 BAYWEST NEIGHBORS CIR Address: Address: City-St-Zip: OCOEE, FL 32835 US City-St-Zip: Title: () Delete Title: () Change () Addition NELSON, JAMES A Name: Name: Address: 954 WOODSON HAMMOCK CIR Address: City-St-Zip: WINTER GARDEN, FL 34787 US City-St-Zip: Title: VΡ () Delete Title: (X) Change () Addition MILLER, WILLIAM J PILIOGLOS, GEORGE J Name: Name: 5100 PIPES O THE GLEN WAY Address: Address: 624 JAY ST City-St-Zip: ORLANDO, FL 32808 US City-St-Zip: OCOEE, FL 34761 US Title: () Delete Title: () Change () Addition Name: JOHNSON, LARRY L Name: 1508 DOREEN AV Address: Address: City-St-Zip: OCOEE, FL 34761 US City-St-Zip: Title: () Delete Title: () Change () Addition RIVEIRA, DANIEL JR Name: Name: 200 LEE STREET Address: Address: City-St-Zip: OCOEE, FL 34761 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JAMES A. NELSON TR 12/08/2009