PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 OCT 19 AM 8:29

DOCUMENT # 730325

1. Corporation Name

Veterans of Foreign Wars
8150 Stringfellow Rd.
St. James City, FL 33956

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
8150 STRING FELLOW	SAME
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc. N/A
City & State ST JAMES CITY FL	City & State
Zip 33956 Country LEE	Zip Country

500186479385
10/08/10--01035--003 **236.25

CR2E081 (6/10)

4. Date Incorporated or Qualified To Do Business in Florida 7-31-1974

5. FEI Number 237226549 ☐ 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 RICH ADAMS JOSEPH S VANBLERCK

Street Address (P.O. Box Number is Not Acceptable) 8150 STRING FELLOW RD

Suite, Apt. #, Etc ST JAMES CITY

City ST JAMES CITY State FL Zip Code 33951

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 Joseph S Van Bere Date 10-6-10

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
COR	RICH ADAMS	8150 STRINGFELLOW RD	ST JAMES CITY, FL 33956
SR VICE COM	PETER LINKO	"	"
JR VICE COM	PAUL BIRDWELL	"	"
QUARTERMASTER	JOSEPH S VANBLERCK	"	"
		REINSTATEMENT TO	
		PS 10/20/10	

10. E-mail Address: NONE

(To be used for future annual report notification)

11. 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. I further certify, 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: Joseph S Van Bere 10-6-10 239 283247

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #