

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 NOV 16 PM 4:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 732153

1. Corporation Name

KENT PURCELL POST NO. 10090 VETERAN'S
OF FOREIGN WARS OF THE UNITED STATES, INC

2. Principal Office Address - No P.O. Box #

920 HOSPITAL DR NICEVILLE, FL 32578

Suite, Apt. #, etc.

3. Mailing Office Address

NICEVILLE, FL P.O. Box 382 32588

Suite, Apt. #, etc.

City & State

NICEVILLE, FL

City & State

NICEVILLE, FL

Zip

32578

Country

OKALOOSA

Zip

32588

Country

OKALOOSA

7. Name and Address of Current Registered Agent

Name

ROBERT R. REDDICK

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

1812 RATTAN PALM DRIVE

Suite, Apt. #, Etc.

N/A

City

NICEVILLE

State

FL

Zip Code

32578

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

Robert R. Reddick

Date 11-10-10

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
P	KEVIN B. SCHWEITZER	4248 OTTERLAKE CV	NICEVILLE, FL 32578
VP	DONALD R. SANDERS	1781 PINE AVE	NICEVILLE, FL 32578
TD	ROBERT R. REDDICK	1812 RATTAN PALM DR	NICEVILLE, FL 32578
T	HOWARD T. ANDERSON	58 HIDDEN COVE	VALPARAISO, FL 32580
T	WALTER G. MADDOX	803 LINDEN AVE	NICEVILLE, FL 32578

10. E-mail Address: BOBSARA12@COX.NET

(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:

Robert R. Reddick ROBERT R. REDDICK

11-10-10

850

678-1285

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REINSTATEMENT

10

4. Date Incorporated or Qualified
To Do Business in Florida

03/14/1975

5. FEI Number

23:7089923

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

11/16