

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 733150**

1. Corporation Name

Ocala Memorial Post Twenty Seven, Inc.

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

516 SE Sanchez Avenue

Suite, Apt. #, etc.

City & State

Ocala, FL

Zip

34470

Country

USA

3. Mailing Office Address

P. O. Box 2946

Suite, Apt. #, etc.

City & State

Ocala, FL

Zip

34478-2946

Country

USA

7. Name and Address of Current Registered Agent

Name

Ralph H. Spiller, Jr.

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

16571 SE 95th Court

Suite, Apt. #, Etc.

City

Summerfield

State

FL

Zip Code

34491

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

*Ralph H. Spiller, Jr.*

REGISTERED AGENT MUST SIGN

Date August 22, 2008

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
CDR	LeRoy Strawder	500 NE 53rd Court	Ocala, FL 34470
VCDR	Fred Miley	P. O. Box 2078	Ocala, FL 34478-2078
VCDR	W. Conrad Dutton	2010 SE 14th Lane	Ocala, FL 34471
ADJ	Ralph H. Spiller, Jr.	16571 SE 95th Court	Summerfield, FL 34491

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 contained in Chapter 119, 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:

*RALPH H. SPILLER, JR.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/22/08

Date

352-840-0984

Daytime Phone #

FILED

08 AUG 25 AM 11:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

CR2E081 (12/07)

03-08

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
59-6200395

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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