

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM DEC 15 2006

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JAN 26 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

734054

1. Corporation Name

VFW POST 4423
VETERANS OF FOREIGN WARS OF THE
UNITED STATES, INC

REINSTATEMENT

05-07

12-19-06 01020 003 \$122.50

CR2E081 (12/05)

2. Principal Office Address

300 N.W. 34th ST.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 1137

Suite, Apt. #, etc.

City & State

OKEECHOBEE, FLORIDA

City & State

OKEECHOBEE, FL

Zip

Country

34972

OKEECHOBEE

Zip

Country

34973

OKEECHOBEE

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

23-7323482

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

SAMS, Billy J.

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

17435 BRINKERHOFF

Suite, Apt. #, etc.

400087608824

02/07/07--01053--035 **61.25

City

OKEECHOBEE

State

FL

Zip Code

34972

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**

Billy J. Sams
REGISTERED AGENT MUST SIGN

Date 12/12/06

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
CONNA DER	RICHARD ENGWILLER	3489 N.W. 32ND Ave	OKEECHOBEE, FL 34972
SENIOR VICE	BOBBY W. GILBERT	1485 NE 356 COURT	OKEECHOBEE, FL 34972
H.C.	ROBERT L. HINEBAUGH	2706 NE 54TH TRAIL	OKEECHOBEE, FL 34972
QUARTER MASTER	BILLY J. SAMS	17435 BRINKERHOFF	OKEECHOBEE, FL 34972

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:

Billy J. Sams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/12/06

863-763-0818