

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 DEC 30 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100139335011
12/30/08-01008-016 **61.25

DOCUMENT # **734054**
1. Corporation Name **Okeechobee Post No. 4423,
Veterans of Foreign Wars
of the UNITED STATES, INC**

2. Principal Office Address
700 N.W. 34th ST.
Suite, Apt. #, etc.
City & State
OKeECHOBEE, FL
Zip
34972 Country
OKeECHOBEE

3. Mailing Office Address
P.O. Box 1132
Suite, Apt. #, etc.
City & State
OKeECHOBEE, FL
Zip
34973 Country
OKeECHOBEE

REINSTATEMENT

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida
08/11/08

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
Sam, Billy J.
Street Address (P.O. Box Number is Not Acceptable)
17435 Birch Knott Ln.
Suite, Apt. #, Etc.
City
OKeECHOBEE State
FL Zip Code
34973

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. Sam**
REGISTERED AGENT MUST SIGN

Date **12/23/08**

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
Pres.	Ronald H. Price	33 County Rd.	Lorida FL 33857
Vice	Bobby W. Gilbert	1485 NE 356th CT	OKeECHOBEE FL 34972
H.L.	Richard Engle	3489 N.W. 32nd Ave	OKeECHOBEE FL 34972
G.M.	Billy J. Sam	17435 Birch Knott Ln	OKeECHOBEE FL 34974

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. Sam**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

763-763-6257
12/23/08 **763-0818**
Date Daytime Phone #