


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION <del>REINSTATEMENT</del> 2010 AR		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 734054			
1. Corporation Name OKEECHOBEE POST 4423 VETERANS OF FOREIGN WARS OF THE UNITED STATES.			
2. Principal Office Address - No P.O. Box # 300 N.W. 34th ST Suite, Apt. #, etc.		3. Mailing Office Address P.O. BOX 1137 Suite, Apt. #, etc.	
City & State Okeechobee, FL		City & State Okeechobee, FL	
Zip 34972	Country Okeechobee	Zip 34973	Country Okeechobee
7. Name and Address of Current Registered Agent Name Billy J. Sams Street Address (P.O. Box Number is Not Acceptable) 17435 BRINKERHOFF LANE Suite, Apt. #, Etc. City Okeechobee		4. Date Incorporated or Qualified To Do Business in Florida 200177298962 04/23/10--01053--016 **61.25 CR2E081 (12/08) 5. FEI Number 23-7923 482 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee req for a Certificate of Stat <input type="checkbox"/> 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 no received and requesting the reinstatement fee be waived.	
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 <u>Billy J. Sams</u> Date <u>4-20-10</u> 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
COMBR	EDWARD S. SAHL	5975 NE 2nd ST	Okeechobee, FL 34974
V.COMBR	MARK E. DUNHAM	3692 NW 15th Ave	Okeechobee FL 34972
JR.V COMBR	ROBERT HINEBAUGH	2706 NE .54th TRAIL	Okeechobee FL 34972
QUARTER MASTER	Billy J. SAMS	17435 BRINKERHOFF LANE	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. Sams