

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 OCT 25 AM 9:01

DOCUMENT # **743393**

1. Corporation Name
WILLIAM A. GARVEY POST NO. 8203 OF NORTH PORT, FLORIDA, VETERANS OF FOREIGN WARS OF THE UNITED

Principal Place of Business 4860 TROTT CIRCLE P.O. BOX 7154 NORTH PORT FL 34287	Mailing Address 4860 TROTT CIRCLE P.O. BOX 7154 NORTH PORT FL 34287
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07-07-99 -90002-033 \$61.25

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	06/27/1978
5. FEI Number	59-1918035
Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PD	CRUMP, JOHN RAYMOND HERSEY	4497 MARALDO AVE 2439 CARTWRIGHT LN.	NORTH PORT FL
VD	CATO, VENIE	1980 BISCAYNE BLVD	NORTH PORT FL 34287
D	DUNFEE, CHARLES L	6259 FREMONT ST	NORTH PORT FL 34287
DS	CONNELL, EDWARD	4420 AVANT CIR	NORTH PORT FL
T	FELLOWS, WILLIAM E	8612 LA BOCA AVE.	NORTH PORT FL 34287
D	HERSEY, RAYMOND JOHN CRUMP	2439 CARTWRIGHT LANE 4497 MARALDO AVE.	VENIE 34287 NORTH PORT

8. Name and Address of Current Registered Agent

CRUMP, JOHN L
 RAYMOND HERSEY
 4497 MARALDO AVE.
 NORTH PORT FL 34287
 2439 CARTWRIGHT LN.
 NORTH PORT FL 34287

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
 FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Raymond Hersey Date: 10-18-99
 REGISTERED AGENT MUST SIGN

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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: Raymond Hersey Date: 10-18-99 Daytime Phone #: 941-426-6365
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2000 (6/99)