

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 OCT - 4 AM 7:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 746140

1. Corporation Name

~~DUNEDIN CHAPTER 103~~
DISABLED AMERICAN VETERANS
W07000045584

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

360 DOUGLAS AVE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DUNEDIN, FL

City & State

FL

Zip

34698

Country

PIN

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

JULY 15, 1981

5. FEI Number

31-0263158

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

CARL O. KINGSLEY, Commander

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

5467 PENTAIL CR

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33625

☐ 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.

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

Carl Kingsley, Commander

Date

9-29-07

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
SVIC	JAMES E DEAN	3063 TERRACE VIEW LN	Clearwater, FL 33759
JR VICE	WILLIAM F. WILLIAMS	1604 MAGNOLIA R	BELLAIR, FL 33757
ADS	JAMES T. BLOODWORTH	2000 THE MALL	CLEARWATER, FL 33755
PRES.	Robert "Dan" ANDERSON	1724 RAGLAND AVE	CLEARWATER, FL 33765

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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:

CARLO O. KINGSLEY, CO.

9-28-07

813 962-1846

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/9/07