


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  
~~BARBER~~ 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.  
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City & State  
DUNEDIN, FL

City & State  
FL

Zip Country  
34698 PIN

Zip Country  
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**REINSTATEMENT** 05-07  
CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida  
JULY 15, 1981

5. FEI Number  
237698975  
237670725

Applied For  
 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.  
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City State Zip Code  
TAMPA FL 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
<u>SVIC</u>	<u>JAMES E DEAN</u>	<u>3063 TERRACE VIEW LN</u>	<u>Clearwater, FL 33759</u>
<u>VICE</u>	<u>WILLIAM F. WILLIAMS</u>	<u>1604 MAGNOLIA R</u>	<u>BELLAIR, FL 33757</u>
<u>ADJ</u>	<u>JAMES T. BLOODWORTH</u>	<u>2000 THE MALL</u>	<u>CLEARWATER, FL 33755</u>
<u>PRES</u>	<u>Robert "Dan" ANDERSON</u>	<u>1724 RAGLAND AVE</u>	<u>CLEARWATER, FL 33765</u>
			<u>700110669697</u> <u>10/11/07--0101E--007 **258 75</u>

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: Carl Kingsley CARLO KINGSLEY, CO. Date 9-28-07 Daytime Phone # 813962-1846

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/9/07