

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

14 DEC 19 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 755950

1. Corporation Name

The Tallahassee Chapter, Chapter Number Five, Disabled American Veterans, Department of Florida

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

1607 St James Ct Rm 210A

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Tallahassee, Florida

City & State

4. Date Incorporated or Qualified
To Do Business in Florida
01/19/1981

5. FEI Number

Amended Exp

CR2E081 (11/10)

7. Name and Address of Current Registered Agent

Name

RAYMOND M. WRIGHT, JR.

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

1607 ST. JAMES COURT ROOM 210A

Suite, Apt. #, Etc.

TALLAHASSEE

City

FL 32308

State

FL

Zip Code

100267633821
12/19/14--01008--027 **387.50

B. 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

Raymond M. Wright Jr.
REGISTERED AGENT MUST SIGN

Date 12/19/14

	Officers and/or Directors	Officer and/or Director	City / State / Zip
CMDR	Johnnie L Jones	245 Johnson Rd	Havana, FL 32333
SVC	Michael Laster	1625 Flint Ridge Lane	Tallahassee, FL 32312
JVC	Jimmie Smith	1109 Kickpod Court	Tallahassee, FL 32311
ADJ	Jackie Johnson	14188 Otter Run Rd	Tallahassee, FL 32312
Treas	Ray Wright	1607 St James Ct Rm 210A	Tallahassee, Florida 32308

10. E-mail Address: devraywright@aol.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Raymond M. Wright Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/18/14

Date

Daytime Phone