

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN 28 PM 4:00

DOCUMENT # 757845

1. Corporation Name

MANATEE COUNTY POST NO. 2488, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Principal Place of Business

Mailing Address

810-6TH STREET WEST
PALMETTO FL 34221
US

810-6TH STREET WEST
PALMETTO FL 34221
US



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

4. Date Incorporated or Qualified To Do Business in Florida

05/05/1981

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-6162484

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DQ	WEBB, C.J. HUGH J. MARNEY JR	155-10TH ST. W. LOT 60 7102 91ST ST E	PALMETTO FL 34221
DC	ESTES, EDWARD	544 KAPAK ST. 8500 DUCKINGHAM PL	PALMETTO FL 34221
TSVC	RIGSBY, EDWARD	5435-3RD ST E	BRADENTON FL 34203
TJVC	PEARL GUY DR. JAMES D. SHAFFER	2912 BAYSHORE GARDEN PKWY. 8107 LEMONWOOD DR N	BRADENTON FL 34203 ELLENTON FL 34222
T	RADLEY, KENNETH	9303 U.S. 41 N. LOT-G-37	PALMETTO FL 34221

500004926585--8

8. Name and Address of Current Registered Agent

WEBB, GASMER-J
115-10TH ST. W. LOT 60
PALMETTO FL 34221

9. Name and Address of New Registered Agent

Name
DR JAMES D. SHAFFER
Street Address (P.O. Box Number is Not Acceptable)
8107 LEMONWOOD DR N.
Suite, Apt. #, Etc.

City
ELLENTON

State
FL

Zip Code
34222

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 01-15-02

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-15-02 722-9558

CR2040 (8/01)

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Manatee County Post 2488
Veterans of Foreign Wars of the United States
810 6th Street West
Palmetto, Florida 34221

15 January 2001

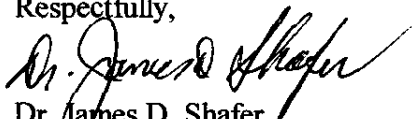
Division of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, Florida 32314-6327

~~Dear Sir or Madam:~~

I have just recently been named Post Quartermaster and after searching the records I do not find acknowledgement of receipt of the document. Our account brought this form in and your check in the amount of sixty one and twenty five cents is enclosed.

We respectfully request that you wave the penalty or penalties.

Respectfully,



Dr. James D. Shafer
Post Quartermaster