2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Nov 17, 2004
Secretary of State

DOCUMENT# 759988

Entity Name: NEW SMYRNA BEACH DISABLED AMERICAN VETERANS CHAPTER 53, INC.

Current Principal Place of Business:

P.O. BOX 722
NEW SMYRNA BEACH, FL 32170

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 722
NEW SMYRNA BEACH, FL 32170

New Mailing Address:

FEI Number: 59-2001375 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KELLAT, JOHN P
2648 EDGEWATER AVE.
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: HARMON, ROBERT
Address: 537 VARNADORE ROAD
City-St-Zip: OAK HILL, FL

Title: AD ( ) Delete
Name: GOLD, SHELDON
Address: 103 N. CAUSWAY
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: SVCD ( ) Delete
Name: KELLAT, JOHN P
Address: 2648 EDGEWATER AVE.
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN P. KELLAT RA 11/17/2004

Electronic Signature of Signing Officer or Director — Date