

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1012

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 27 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 459988

1. Corporation Name

New Smyrna Beach Disabled Veterans
Chapter 53, Inc.

400016976364
04/24/03--01083--024 **122.50

2. Principal Office Address

P.O. BOX 722

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 722

Suite, Apt. #, etc.

City & State

New Smyrna Bch

Zip
32170

Country

City & State

New Smyrna Beach

Zip
32170

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-2001375

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOHN P. KEZLAT

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

2648 EDGEWATER AVE

Suite, Apt. #, Etc.

N

City

NEW SMYRNA BEACH

State
FL

Zip Code

32168

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 2-18-03

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
Commander	ROBERT HARMON	537 VARNADORE Rd	OAK HILL, FL
Adjutant	SHELDON GOLD	103 N. CAUSWAY	New Smyrna Bch, FL 32168
Scribe	JOHN P. KEZLAT	2648 EDGEWATER AVE	New Smyrna Bch, FL 32168

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 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] JOHN P. KEZLAT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2-18-03

3864270359
Daytime Phone #

CR2E081 (10/02)

TO: Florida Department of State
Division of Corporations
Tallahassee, Florida 32314
Attn: Michelle Milligan

March 19, 2003

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FROM: Disabled American Veterans Chapter 53
PO Box 722
New Smyrna Beach, Florida 32170
John P. Kellat

Dear Michelle:

Thank you for taking the time to talk with me about our problem with our mailing address.

As I explained, I thought that I had taken care of this problem with my phone call a couple of years ago. Again the last two years we have not received our statements.

Thank you for your time and attention to our problem.

Sincerely,


John P. Kellat
District Nine Commander