

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
00 JUN 30 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 761159

1. Corporation Name

PORT ORANGE POST #270 OF THE AMERICAN LEGION INC.

2. Principal Office Address

119 HOWES STREET

Suite, Apt. #, etc.

City & State

PORT ORANGE FL

Zip

32127

Country

USA

3. Mailing Office Address

P.O. BOX 290612

Suite, Apt. #, etc.

City & State

PORT ORANGE, FL

Zip

32129

Country

USA

REINSTATEMENT

99-00

4. Date Incorporated or Qualified
To Do Business in Florida

12/16/1981

SP

5. FEI Number

591416026

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

HUGH M. SLOAN

700003329767-5

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

5496 ST. REGIS WAY

-07/20/00--01061--00

****306.25 ****306.25

Suite, Apt. #, Etc.

City

PORT ORANGE

State

FL

Zip Code

32124

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

Hugh M. Sloan

REGISTERED AGENT MUST SIGN

Date

June 28, 2000

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
P	HUGH M. SLOAN	5496 ST. REGIS WAY	PORT ORANGE, FL 32124
S/D	DAVID D. BAILEY	5885 RIVERSIDE DR	HARBOR OAKS, FL 32127
D	JOHN T. CRAWFORD	175 LOQUAT LN	DAYTONA BEACH, FL 32127
D	SALVATORE J. GUARNERI	217 SAND PEBBLE CIR	PORT ORANGE, FL 32119

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:

Hugh M. Sloan HUGH M. SLOAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUNE 28, 2000

Date

904-767-2901

Daytime Phone #