

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 763872

99 OCT 27 AM 9:07

1. Corporation Name

BRADEN RIVER CHAPTER 99, DISABLED AMERICAN VETERANS, INC.

Principal Place of Business

10915 STATE RD 70 EAST
1429 FLAMINGO BLVD., SUITE 300
BRADENTON FL 34207-4614
US

Mailing Address

PO BOX 1095
1429 FLAMINGO BLVD., SUITE 300
ONECO FL 34264
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

06/23/1982

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

31-1024008

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	CHUPP, JOSEPH	1204 40TH AVE W	BRADENTON FL
PD	FRANK HOARD	2916 19TH ST	SARASOTA FL
D	NIXON, QUINCY	1204 40TH AVE W	BRADENTON FL
VP	GEORGE CORKWELL	75 EAGLE CIR	PALMETTO FL
SD	LEWIS KNOWLTON	2517 10TH AVE DR E	BRADENTON FL
D	HUNT, HENRY	5316 53RD AVE E J-6	BRADENTON FL

8. Name and Address of Current Registered Agent

HENRY HUNT
5316 53RD AVE E LOT J6
BRADENTON FL 34203

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Henry J. Hunt

REGISTERED AGENT MUST SIGN

Date Oct 23-99

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: HENRY J. HUNT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ADJUTANT-TREASURER

10-23-99 941-758-9514

Date

Daytime Phone #

CR20040 (8/99)