

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 SEP 10 PM 4:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 765743

1. Corporation Name
**ORANGE PARK CHAPTER 38
DISABLED AMERICAN VETERANS**

REINSTATEMENT

2. Principal Office Address - No P.O. Box #
470 MADEIRA DR.

3. Mailing Office Address
SAME

CR2E081 (11/10)

Suite, Apt #, etc

4. Date Incorporated or Qualified
To Do Business in Florida

City & State
ORANGE PARK, FL.

5. FEI Number
5931445761

Applied For
Not Applicable

Zip Country
32073 CLAY

6. CERTIFICATE OF STATUS DESIRED **\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name
Gordon Sevigny

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

Suite, Apt. #, Etc

City State Zip Code
ORANGE PARK FL 32073

**500251566755
09/10/13--01006--004 **367.50**

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
Gordon Sevigny
REGISTERED AGENT MUST SIGN

Date **9/6/13**

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
O	GORDON R. SEVIGNY	2244 MINORCAN ST.	MIDDLEBURG, FL 32068
O	CHARLES WESLEY	7660 PILGRIMS TERRACE	JAX FL 32244
O	JOSE SANTIAGO	1910 DAHOON WAY	FLEMING ISLAND, FL 32003

10. E-mail Address: **DAV CHAPTER 38@COMCAST.NET**
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE: *Gordon Sevigny* **9/6/13** **904-269-2945**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #