

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

08 NOV -3 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10262008 REIN-NP CR2E099 (1/07)

| | | | | | |
|--|---|--|---|--|--|
| DOCUMENT # 766939 1. Entity Name LEON COUNTY VETERANS OF FOREIGN WARS OF THE UNITED STATES POST 3308 INC. | | | | | |
| Principal Place of Business 2765 1/2 W TENNESSEE ST TALLAHASSEE, FL 32304 | | | Mailing Address 2765 1/2 W TENNESSEE ST TALLAHASSEE, FL 32304 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-6138286 | |
| Zip | | Country | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| SOULE, DAVID W 9068 COURTLAND WAY TALLAHASSEE, FL 32311 | | | | Name TIMMY LENT Street Address (P.O. Box Number is Not Acceptable) 163 PAUL SMITH ROAD City CHATTAHOOCHEE FL Zip Code 32324 | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Timmy Lent Post Cmdr.</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$61.25 After January 1, 2009, Fee will be \$122.50 | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ALVAREZ, MARK A 1149 CORBY CT EAST TALLAHASSEE, FL 32311 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P TIMMY LENT 163 PAUL SMITH ROAD CHATTAHOOCHEE, FL 32324 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T SOULE, DAVID W 9068 COURTLAND WAY TALLAHASSEE, FL 32311 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T WILSON T. CLARK 4244 W. TENNESSEE ST # 386 TALLAHASSEE, FL 32304 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u>Timmy Lent Post Cmdr.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| Date | | | | Daytime Phone # | |

REINSTATEMENT 2008

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KS