2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

06 JAN 18 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-06

DOCUMENT # 767615

1. Entity Name
AMERICAN LEGION BOYS STATE & YOUTH FOUNDATION, INC.

Principal Place of Business	Mailing Address
ION, INC. 300 AVE M N.W. WINTER HAVEN, FL 33881-2406	ION, INC. 300 AVE M N.W. WINTER HAVEN, FL 33881-2406

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	525 POPE AVENUE, N.W. Suite, Apt. #, etc.
City & State	City & State: WINTER HAVEN, FL
Zip / Country	Zip: 33881 / Country

E Peterson JAN 18 2006
01042006 REIN-NP CR2E088(1/05)

4. FEI Number: 59-2569078 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MATTOX, RAY 689 LK. HOWARD DR. NW WINTER HAVEN, FL 33880	Name: ROWSE, JR., WILLIAM A. Street Address (P.O. Box Number is Not Acceptable): 525 POPE AVENUE N.W. City: WINTER HAVEN FL Zip Code: 33881

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: _____ 1-10-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $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	D BELL, WALTER 98 FIRST STREET WINTER HAVEN, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROWSE, JR., WILLIAM A. 525 POPE AVENUE N.W. WINTER HAVEN, FL 33881	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAROTTI, JOHN 1250 HOWARD TERRACE WINTER HAVEN, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500065566385 02/10/06--01019--020 **132.50	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MATTOX, RAY 689 LK. HOWARD DR. NW WINTER HAVEN, FL 33880	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD IRBY, TIM 277 MAGNOLIA AVE., SW WINTER HAVEN, FL 33880	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MITCHELL, JOHN K. 232 6TH ST. N.W. WINTER HAVEN, FL 33881	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 1-11-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #