PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

770134

1. Corporation Name

JOHN A. "DOC" MAECHER POST 144 THE AMERICAN LEG ION INC.

Principal Place of Business

Mailing Address

FILED

97 NOV 10 PH 5: 13

SECRETARY OF STATE TALLARY SINCE, PLONIDA

930 EAST 34TH STREET HIALEAH FL 33013			930 EAST 34TH STREET HIALEAH FL 33013					
		incorrect in any way, line th	-					
				ling Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 09/07/1983		
Suite, Apt. #, etc. Suite, Apt. :				∮, etc.		5 FEI Number		
City & State City & S			City & State	ate			NOT APPLICABLE Not Applicable	
Zip Country		Zip Country		Country	6. CERTIFICATI	TE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status		
7. Names	and Street Ad		l/or Director (Flo	rida nonprofit	corporations must list at lea	ast 3 directors)		
Title(s) Name of Officers and/or Directors 2			Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)		n r Vumbers)	City / State / Zip		
DPS	FINCHAM, ANDREWS. MAY			930 EAST 34TH ST.			HIALEAH FL 12	
VD	TUCK, HUGH, JR.			1025 CURTISS DRIVE		OPA LOCKA FL		
, D	MEYERS, MARJORIE			11116 N.W. 15TH COURT		MIAMI FL		
Τ .	DULEY, RICHARD, L			17841 NW 79TH AVE		31	PRACE NE 23449698 -11/12/9701090007	
	REIN				REINSTAT	EMEN	T ****925.25	****296, 25
			<u>-</u>				51. 11.	10-97
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent		
FINCH	AM, ANDRE	:W N.			Name RIC	ICHARD L. DULEY		
930 EAST 34TH STREET					Street Address (F	Street Address (P.O. Box Number is Not Acceptable) 5432 PINDERTON WAY Sulte, Apt. #, Etc.		
HIALEAH FL 33013 Suite, Apt					Sulte, Apt. #, Etc.			· · · · · · · · · · · · · · · · · · ·
					City	AHASSEE State Zip Code FL 323//		
10. I, being Signature of Registered		e registered agent of the abo			miliar with and accept the ot	bligations of Section	on 607.0505, F.S. Date	97
		ration owes or h Personal Proper	as paid th	e curren	ıt year 🖳	No 10/4	(See other side f on intangit	or Information ble tax.)
this reins	statement app	lication, the reason for diss	olution has been	eliminated, th	e corporate name satisfies t	the requirements	pter 607 or 617, F.S. I further ce of section 607.0401 or 617.0401 fer section 119.07(3)(i), F.S. The	. 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

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/4/97 850 878-7007