


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 2009 AR	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N00000000502

1. Corporation Name

DISABLED AMERICAN VETERANS AUXILIARY I

2. Principal Office Address - No P.O. Box #
1439 PARENTAL HOME ROAD

Suite, Apt. #, etc.

City & State
JACKSONVILLE, FL

Zip
32216

Country
DUVAL

3. Mailing Office Address
1439 PARENTAL HOME ROAD

Suite, Apt. #, etc.

City & State
JACKSONVILLE, FL

Zip
32216

Country
DUVAL

4. Date Incorporated or Qualified
To Do Business in Florida 01/19/2000

5. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name
LOLA R DEALY

Street Address (P.O. Box Number is Not Acceptable)
4361 KNOTTINGBY COURT

Suite, Apt. #, Etc.

City
JACKSONVILLE

State
FL

Zip Code
32257

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Lola R. Dealy

REGISTERED AGENT MUST SIGN

Date 3/30/2009

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
P	BILLE JEAN CHRISTIAN	3005 ANNISTON ROAD	JACKSONVILLE, FL 32246
SV/P/C	PHYLLIS UNDERWOOD	3032 ALONSO ROAD	JACKSONVILLE, FL 32216
JV/P/C	MARJORIE PAINE	414 JAX ESTATES DRIVE S	JACKSONVILLE, FL 32218
S/T/D	MARIAN E RICKMAN	2614 EMILY DRIVE	JACKSONVILLE, FL 32216

10. 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 contained in Chapter 119, 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

Billie Jean Christian
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 30, 2009 (904) 803 4968
Date Daytime Phone #

FILED

09 APR 10 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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