

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION</b> 2013 AR		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT #** N00000000502

1. Corporation Name

**DISABLED AMERICAN VETERANS AUXILIARY 1**

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1439 PARENTAL HOME ROAD		1439 PARENTAL HOME ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
JACKSONVILLE, FL		JACKSONVILLE, FL	
Zip	Country	Zip	Country
32216	DUVAL	32216	DUVAL

CR2E081 (11/10)

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

5. FEI Number	Applied For
23-7331198	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  
**MARIAN E. RICKMAN**

Street Address (P.O. Box Number is Not Acceptable)  
**2614 EMILY DRIVE**

Suite, Apt. #, Etc.

City	State	Zip Code
JACKSONVILLE	FL	32216P

600245372626

03/05/13--01014--001 \*\*61.25

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 Marian E. Rickman Date 2/27/13

REGISTERED AGENT MUST SIGN

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/D	BILLIE JEAN CHRISTIAN	3005 ANNISTON ROAD	JACKSONVILLE, FL 32246
V/D/C	ILEAN DENNIS	3605 MEADOWGREEN LANE	MIDDLEBURG, FL 32068
V/D/C	EDITH JACKSON	1555 A1A SOUTH #49	ST AUGUSTINE, FL 32080
S/T/D/C	MARIAN E. RICKMAN	2614 EMILY DRIVE	JACKSONVILLE, FL 32216

10. E-mail Address: papabudd@live.com

(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 in 901.215, F.S.

SIGNATURE: Billie Jean Christian **BILLIE JEAN CHRISTIAN, PRESIDENT** Date 02/22/13

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR