

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 12 AM 11:26

DOCUMENT # **N00000005989**

1. Corporation Name

DELTONA AMERICAN LEGION POST #255 INC.

Principal Place of Business

P O BOX 5473
DELTONA FL 32728

Mailing Address

P O BOX 5473
DELTONA FL 32728

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/06/2000

5. FEI Number

APPLIED FOR
59-3693253

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	PASQUALE, ANTHONY	650 W GRAVES DR	ORANGE CITY FL 32763
D	HICKEY, WILLIAM	2289 HOWLAND BLVD	DELTONA FL 32738
D	HARVEY, WILLIAM	1101 WIGLIFFE ST	DELTONA FL 32738
D	WILLIAM T. HICKEY	2289 HOWLAND BLVD	DELTONA FL 32738
D	JOHN MASIARCZYK	2025 ADELIA BLVD	DELTONA FL. 32725
D	EDWARD EDMONDS	2176 N. NORMANDY BLVD	DELTONA FL. 32725

8. Name and Address of Current Registered Agent

PASQUALE, ANTHONY
650 W GRAVES AVE
ORANGE CITY FL 32763-5186

9. Name and Address of New Registered Agent

Name

WILLIAM T. HICKEY

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

2289 HOWLAND BLVD.

Suite, Apt. #, Etc.

City

DELTONA

State

FL

Zip Code

32738

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **11-08-02**

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., 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:

[Signature] **WILLIAM T. HICKEY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-08-02

386-532-3164

Date

Daytime Phone #

CR2E040 (8/02)