PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 30 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000001832

1. Corporation Name

VIETNAM VETS MOTORCYCLE CLUB SE PROPERTIES, INC.

Principal Place of Business	Mailing Address
8260 PASCAL DR PUNTA GORDA FL 33950	~~8260 PASCAL DR~~ ~~PUNTA GORDA FL 33950~~ PO Box 512138 Punta Gorda, FL 33951-2138

REINSTATEMENT 03

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 03/12/2001

5. FEI Number: 65-1092055 ☐ 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
DP	WASILEK, THOMAS	165 HOLLY HILL RD	CHAPEL HILL NC 27516
DS	MENZER, HANS	P.O. BOX 512138	PUNTA GORDA FL 33951
D2V	CHANDLER, HUSTON	142 GENERAL BUCCNER DRIVE	DOVER TN 37058
D1V	GIETKA, EDWARD M JR	5501 W HSY 316	REDDICK FL 32686
DT	KINDER, LES	16895 SW 208 STREET	MIAMI FL 33177

400024264724
10/30/03--01006--011 **236.25

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
OAKS, DAVID K ESQ 407 E.MARION AVE, STE 101 PUNTA GORDA FL 33950	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (7/03)

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 _____ Date 10/22/03
REGISTERED AGENT MUST SIGN

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: _____ Hans Menzer 10/22/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #