PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATION STATEMENT	FLORIDA DEPAR Secreta DIVISION OF 0	ry of S	tate	SEGRETARY OF STATE OF				
DOCUMENT # NO10000003237 1. Corporation Name									
Okaloosa County Veterans Memorial, Inc.									
	Phil Tyner Road	_	3. Mailing Office Address 2814 Phil Tyner Road Suite, Apt #, etc			CR2E081 (11/10)			
City & State City & State						Date Incorporated or Qualified To Do Business in Florida 05/08/01 FEI Nümber Applied For			
Crest\	/iew, FL	Crestview	Count		59-37109	07		Not Applicable	
32536	•	32536	usa	a	6. CERTIFICAT			al Fee required tate of Status	
Name Robert H. Lynn Street Address (P O Box Number is Not Acceptable) 2814 Phil Tyner Road Suite, Apt #, Etc City Crestview, FL State Zip Code 32536						200245372662 03/05/1301014003 **358.75			
8. I, being appointed the registered agent of the above named corporation am familiar with and accept the ob- Signature of Registered Agent REGISTERED AGENT MUST SIGN						bligations of section 607 0505 or 617 0503, F S Date 02/27/13			
<u> </u>	s and Street Addresses of Each Officer an Name of	d/or Director (Florida nonpi			ast 3 directors)			-	
Titles	Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip			
Pres.	George H. White	hurst	120 Gillis Drive			Crestview, FL. 32536			
Sec/Tres	Robert H. Lynn 28			hil Tyner	Crestview, FL. 32536				
REINSTATEMENT									
	. <u>-</u>	MAR 0 5 20			013				
	R. HUN								
10. E-mail Address: bettybob1234@aol.com (To be used for future annual report notification)									
reinstate owed by	hat I am an officer or director or the recent ment application, the reason for dissolution the corporation have been pard "Truther under oath I am aware that false informat	ver or trustee empowered to n has been eliminated, the pertify, the information indic	o executo corporat ated on t	e this application as pi e name satisfies the re his application is true	rovided for in chap equirements of se and accurate, and	ction 607 0401 or 617 0401, F I my signature shall have the s	S , and tha ame legal (it all fees effect as	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/27/13

Date

(850) 682-3795

Daytime Phone #

SIGNATURE: