

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N01000007303

1. Entity Name
CHARLOTTE COUNTY AMVETS POST NO.1999 INC.



FILED

04 NOV -5 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
C/O EAGLES AERIE NO.3296
23111 HARBORVIEW ROAD
PORT CHARLOTTE, FL 33980

Mailing Address
C/O EAGLES AERIE NO.3296
23111 HARBORVIEW ROAD
PORT CHARLOTTE, FL 33980

Principal Place of Business
Robert A. Aitken
Suite, Apt. #, etc.
164-B Sapodilla St.
City & State
Pt. Charlotte, Fl.
Zip
33980-2448
Country
Charlotte

Mailing Address
Robert A. Aitken
Suite, Apt. #, etc.
164-B Sapodilla St.
City & State
Pt. Charlotte, Fl.
Zip
33980-2448
Country
Charlotte



REINSTATEMENT 2004
10192904 REIN INP 10192904 GR2E099 (6704)

4. FEI Number
65-0966376
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DOUGLAS, FRED A
2201 S.W. HILLSBOROUGH AVE
ARCADIA, FL 34266

7. Name and Address of New Registered Agent

Name Robert A. Aitken

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

164-B Sapodilla St.

Pt. Charlotte FL 33980-

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Robert A. Aitken

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10-27-04

2448

FILE NOW!!! FEE IS \$61.25

After January 1, 2005, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	NAME	SHANE, GUY	STREET ADDRESS	1178 FLEETWOOD DR	CITY - ST - ZIP	PORT CHARLOTTEE, FL 33948	<input type="checkbox"/> Delete
TITLE	D	NAME	SPIEDELL, GEORGE	STREET ADDRESS	113 AUROA DR	CITY - ST - ZIP	PORT CHARLOTTEE, FL 33948	<input type="checkbox"/> Delete
TITLE	D	NAME	DOUGLAS, FRED	STREET ADDRESS	2201 S.W. HILLSBOROUGH AVE	CITY - ST - ZIP	ARCADIA, FL 34266	<input type="checkbox"/> Delete
TITLE	D	NAME	SMITH, EDWIN	STREET ADDRESS	157 LINDHURST ST	CITY - ST - ZIP	PT CHARLOTTE, FL 33953	<input type="checkbox"/> Delete
TITLE	D	NAME	PRIER, CLYDE	STREET ADDRESS	548 LAUREL AVE	CITY - ST - ZIP	PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Delete
TITLE	D	NAME	RELYEA, JOHN	STREET ADDRESS	3356 HARBOUR BLVD	CITY - ST - ZIP	PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	NAME	KANTNER, Larry	STREET ADDRESS	16227 Chamberlain Blvd.	CITY - ST - ZIP	Port Charlotte FL 33954	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	NAME	Robert A. Aitken	STREET ADDRESS	164-B Sapodilla St	CITY - ST - ZIP	Port Charlotte, FL 33980	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	NAME	Terrillion, Hubert	STREET ADDRESS	638 Kellstadt	CITY - ST - ZIP	Port Charlotte, FL 33952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert A. Aitken
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-27-04-941743-3309

Date

Daytime Phone #