


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 21 AM 11:35

DOCUMENT # N01781	
1. Entity Name LEISUREVILLE POST NO. 10150 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.	

Principal Place of Business BOYATON BEACH P.O. BOX 833 BOYNTON BEACH, FL 33426 US	Mailing Address P O BOX 833 BOYNTON BEACH, FL 33426
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



11102005 REIN-NP CR2E099 (6/04)

4. FEI Number 59-1602695	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ZIMMERMAN, ROBERT 811 SW 18 CT BOYNTON BCH, FL 33426	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 <i>Robert Zimmerman</i> Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE 11/18/05
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FILE NOW!!! FEE IS \$236.25 After January 1, 2006, Fee will be \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP MICALF, MICHAEL 2385 SW TERRACE BOYNTON BEACH, FL 33426 <i>Deceased</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP QUARTER MASTER STUART PRESTON 2080 SW 12 AVENUE BOYNTON BEACH, FL 33426 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP T MARTINELLI, HAROLD D 1507 SW 21 ST BOYNTON BEACH, FL <i>Deceased</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP EUGENE C. SWANK 6230 N. Ocean Blvd OCEAN RIDGE, FL 33435 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP VDC ZIMMERMANN, ROBERT 811 SW 18TH CT BOYNTON BCH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP 700061606867 11/21/05--01045--026 **236.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP T ROMAS, PETER 814 SW 18 CT BOYNTON BEACH, FL 33426	TITLE NAME STREET ADDRESS CITY-ST-ZIP 700061606867 11/21/05--01045--027 **8.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP T PREMIAN, JOSEPH E 813 SW 18TH COURT BOYNTON BEACH, FL 33426	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"/> Delete	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: <i>Robert Zimmerman</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 11/18/05	DAYTIME PHONE #
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11/23/05