

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 23 AM 8:00

DOCUMENT # N02000000723

1. Corporation Name

ARMY NAVY UNION USA GARRISON NO. 3697, INC.

Principal Place of Business

11904 SEMINOLE BLVD
LARGO FL 33778

Mailing Address

11904 SEMINOLE BLVD
LARGO FL 33778

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

REINSTATEMENT



300024058083

10/23/03--01092--008 **236.25

4. Date Incorporated or Qualified
To Do Business in Florida

01/31/2002

5. FEI Number

45-0475408

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	SENECA, BOB	12659 97TH ST N	LARGO FL 33773
D	SULLIVAN, KENNETH	6580 SEMINOLE BLVD #312	SEMINOLE FL 33772
D	LOWE, TROY	11936 104TH ST N	LARGO FL 33773
D	GREEN, JAY ED BIDDLE	9209 SEMINOLE BLVD #82 8589 109TH ST. N	SEMINOLE FL 33773 33772
D	DAVIDUK, MIKE	8667 SEMINOLE BLVD	SEMINOLE FL 33772

8. Name and Address of Current Registered Agent

MCMILLAN, LOIS
11904 SEMINOLE BLVD
LARGO FL 33778

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Lois McMillan
REGISTERED AGENT MUST SIGN

Date

Oct. 20, 2003

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:

Robert L. L...
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-20-03

Daytime Phone #

CR2E040 (7/03)