

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000010624						FILED 08 DEC 10 PM 3:33 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
1. Entity Name MEN'S AUXILIARY WEST ORANGE POST NO. 4305 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.				Principal Place of Business 1170 EAST PLANT ST. WINTER GARDEN, FL 34787				Mailing Address P.O. BOX 292 OCOEE, FL 34761	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.				 REINSTATEMENT 08 11212003 REIN-IP CR2E099 (1/03)	
City & State				City & State					
Zip		Country		Zip		Country			
4. FEI Number NOT APPLICABLE				Applied For Not Applicable				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NELSON, JAMES 954 WOODSON HAMMOCK CIRCLE WINTER GARDEN, FL 34987				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City				FL Zip Code	
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>James A. Nelson</i> <i>Adjutant/Quartermaster</i> <i>12/7/08</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$236.25 After January 1, 2009, Fee will be \$297.50				Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE P NAME MILLER, TERRY STREET ADDRESS P.O. BOX 691 CITY-ST-ZIP ZELLWOOD, FL 32798	<input checked="" type="checkbox"/> Delete			TITLE P NAME KURT HULSEY STREET ADDRESS 350 DOUGLAS WAY CITY-ST-ZIP WINTER GARDEN, FL 34784	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE T NAME BUCHTEL, GILBERT STREET ADDRESS 6106 FOX HUNT TRAIL CITY-ST-ZIP ORLANDO, FL 32808	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS 000138876740 CITY-ST-ZIP 12/10/08--01029--009 **245.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE V NAME ARMSTRONG, BRENT STREET ADDRESS 730 PARK AVE APT. B CITY-ST-ZIP WINTER GARDEN, FL 34287	<input checked="" type="checkbox"/> Delete			TITLE P NAME STEVE EDMONSON STREET ADDRESS 3907 SOTO RD CITY-ST-ZIP GROVELAND, FL 34736	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE T NAME CABRALES, LAWRENCE STREET ADDRESS 200 LEE ST CITY-ST-ZIP OCOEE, FL 32802	<input checked="" type="checkbox"/> Delete			TITLE T NAME BRENT ARMSTRONG STREET ADDRESS 730 PARK APT B CITY-ST-ZIP WINTER GARDEN, FL 34761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE T NAME ARNOLD, WESLEY STREET ADDRESS 22200 DEWEY ROBBINS RD CITY-ST-ZIP HOWEY IN HILLS, FL 37437	<input checked="" type="checkbox"/> Delete			TITLE T NAME BOBBY CHAIN STREET ADDRESS 711 VANDERGRIFT DR CITY-ST-ZIP OCOEE, FL 34761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE T NAME KEILER, ERNIE STREET ADDRESS 1931 SECTION DR CITY-ST-ZIP APOPKA, FL 34787	<input checked="" type="checkbox"/> Delete			TITLE T NAME ERNIE KELLER STREET ADDRESS 37 EAGLE KEY CT CITY-ST-ZIP OCOEE, FL 34761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Gilbert Buchtel</i>				12/5/08		407-293-4443			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>		<small>Daytime Phone #</small>			