


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 DEC 19 PM 12:11

DOCUMENT # **N03000610624**

1. Corporation Name
**MENS AUXILIARY WEST ORANGE
 POST NO. 4305 VETERANS OF FOREIGN
 WARS**

000188669880
 12/14/10--01032--009 **245.00

2. Principal Office Address - No P.O. Box # 1190 E PLANT ST		3. Mailing Office Address PO BOX 292	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State WINTER GARDEN FL		City & State OCFEE, FLA	
Zip 34787	Country ORANGE	Zip 34761	Country ORANGE

CR2E081 (6/10)

4. Date Incorporated or Qualified To Do Business in Florida 2003	<input type="checkbox"/> Applied For
5. FEI Number 90-0111	<input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
GILBERT L. BUCHTEL

Street Address (P.O. Box Number is Not Acceptable)
6106 FOX HUNT TR

Suite, Apt. #, Etc.

City
ORLANDO

State
FL

Zip Code
32808

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Gilbert L. Buchtel
 REGISTERED AGENT MUST SIGN

Date **11/8/10**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	GILBERT BUCHTEL	6106 FOX HUNT TR	ORLANDO, FL 32808
VP	TERRY MILLER	PO BOX 691	ZELLWOOD, FL 32798
TRUSTEE	DENNIS POCZIK	4045 SEASHELL CIR	ORLANDO, FL 32804

REINSTATEMENT

10 B
 12/15/10

10. E-mail Address: **NOT AVAILABLE AT THIS TIME**

(To be used for future annual report notification)

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. I further certify, 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:

Gilbert Buchtel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/30/10 407-293-4453
 Date Daytime Phone #

GILBERT BUCHTEL