2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000002252

Entity Name: AMERICAN LEGION POST 232 INC

FILED Oct 15, 2007 Secretary of State

Current Principal Place of Business: No	ew Principal Place of Business:
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22200 S E 57TH AVE HAWTHORNE, FL 32640

Current Mailing Address: New Mailing Address:

P O BOX 1956

HAWTHORNE, FL 32640

FEI Number: 30-1022021 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SOHL, WILLIAM L SOHL, WILLIAM L CMDR.

127 LÚCKY LN 127 LÚCKY LN

HAWTHORNE, FL 326401956 US HAWTHORNE, FL 326401956 US

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.

SIGNATURE: WILLIAM L. SOHL 10/15/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

CMDR () Delete () Change () Addition

SOHL, WILLIAM L Name: Name: Address: P.O. BOX 1956 Address:

City-St-Zip: HAWTHORNE, FL 326401956 City-St-Zip:

Title: ADJ Title: ADJ (X) Change () Addition () Delete

Name: MUTCHLER, JACK Name: TRULUCK, RICHARD A Address: P.O. BOX 790 Address: 215 ASHLEY STREET City-St-Zip: INTERLACHEN, FL 32189 City-St-Zip: HAWTHORNE, FL 32640

Title: TREA () Delete Title: () Change () Addition

RICE, JACK Name: Name: 1362 S.E. C.R. 21B Address: Address: City-St-Zip: MELROSE, FL 32666 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM L. SOHL RΑ 10/15/2007