

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N05000004495 1. Entity Name AMVETS POST 81 CORP.		 <div style="text-align: right; margin-top: 10px;"> FILED 06 OCT 20 AM 10:31 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
Principal Place of Business 1910 N. TAMiami TRAIL NORTH FORT MYERS, FL 33903 US		Mailing Address 1910 N. TAMiami TRAIL NORTH FORT MYERS, FL 33903 US	
2. Principal Place of Business Amvets Post 81 Suite, Apt. #, etc.		3. Mailing Address 1910 N. TAMiami TR. Suite, Apt. #, etc.	
City & State N. FORT MYERS FL. Zip 33903		City & State N. FORT MYERS FL Zip 33903	
Country Lee		Country Lee	
4. FEI Number 59-2189598		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WADDELL, LAWRENCE J JR. 1910 N. TAMiami TRAIL NORTH FORT MYERS, FL 33903		7. Name and Address of New Registered Agent Name L. JACK WADDELL Street Address (P.O. Box Number is Not Acceptable) 1910 N. TAMiami TR. City N. FORT MYERS FL Zip Code 33902	
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 L. JACK WADDELL PRES. <small>Signature, typed or printed name of registered agent and title if applicable.</small>		L. Jack Waddell <small>(NOTE: Registered Agent Signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$236.25 After January 1, 2007, 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 COMM <input type="checkbox"/> Delete NAME JAMES, SCOFIELD STREET ADDRESS 1910 N. TAMiami TRAIL CITY-ST-ZIP NORTH FORT MYERS, FL 33903	TITLE COMM. <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME JAMES SCOFIELD STREET ADDRESS 1910 N. TAMiami TR. CITY-ST-ZIP N. FORT MYERS, FL. 33903	TITLE VP <input type="checkbox"/> Delete NAME SULLIVAN, RAYMOND STREET ADDRESS 1910 N. TAMiami TRAIL CITY-ST-ZIP NORTH FT. MYERS, FL 33917	TITLE VP <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME RAYMOND SULLIVAN STREET ADDRESS 1910 N. TAMiami TR. CITY-ST-ZIP N. FORT MYERS, FL. 33903
TITLE ADJ <input type="checkbox"/> Delete NAME MORTON, CHARLES SR. STREET ADDRESS 1910 N. TAMiami TRAIL CITY-ST-ZIP N. FORT MYERS, FL 33903	TITLE ADJ. <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME CHARLES MORTON SR. STREET ADDRESS 1910 N. TAMiami TR. CITY-ST-ZIP N. FORT MYERS, FL. 33903	TITLE TREA <input type="checkbox"/> Delete NAME WADDELL, LAWRENCE J JR. STREET ADDRESS 1910 N. TAMiami TRAIL CITY-ST-ZIP NORTH FORT MYERS, FL 33903	TITLE TREA <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME L. JACK WADDELL STREET ADDRESS 1910 N. TAMiami TR. CITY-ST-ZIP N. FORT MYERS, FL. 33903
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS 10/25 CITY-ST-ZIP	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 500081058225 CITY-ST-ZIP 10/20/06--01008--016 **236.25	TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS NAME CITY-ST-ZIP	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS NAME CITY-ST-ZIP
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: L. Jack Waddell <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		10-17-06 239-995-1001 <small>Date Daytime Phone #</small>	