

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N05363**

1. Corporation Name

BRADY - OWENS POST #7193 VETERANS OF  
FOREIGN WARS OF THE UNITED STATES, INC.

2. Principal Office Address - No P.O. Box #

2420 NW 24th Road

Suite, Apt. #, etc.

City & State

Ocala, FL

Zip

34474

Country

USA

3. Mailing Office Address

2420 NW 24th Road

Suite, Apt. #, etc.

City & State

Ocala, FL

Zip

34474

Country

USA

7. Name and Address of Current Registered Agent

Name

Lester B. Vance

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

2420 NW 24th Road

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34474

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

REGISTERED AGENT MUST SIGN

Date

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
CD	Curley, James A Sr.	1238 NE 28th Street	Ocala, FL 34470
VD	Hart, Mark	2105 SW 7th Place	Ocala, FL 34474
A	Perkins, Frank B	Post Office Box #247	Bellevue, FL 34421
QD	Vance, Lester B	2420 NW 24th Road	Ocala, FL 34474
CD	Thompson, Marion	10920 SW 82nd Terrace	Ocala, FL 34481

10. 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 contained in Chapter 119, 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

*Lester B. Vance*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-18-08

Date

(352) 622-3536  
Daytime Phone #

FILED

08 AUG 19 AM 10:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600133224526  
08/26/08--01011--006 \*\*70.00

600133224526  
07/21/08--01053--013 \*\*61.25

REINSTATEMENT

07-08 KS

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-2343278

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

KS