PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT | | | 8 | Secretary | TMENT OF STATE of State orporations | FILED 10 MAR 26 PM 12: 37 | | | | |
|---|--------------------------------------|---------|-------------------------|--------------------|---|----------------------------------|--|---|------|--|
| DOCUMENT # N05635 1. Corporation Name | | | | | | | SECRETARY OF STATE TALLAHASSEE, IT ONLY | | | |
| EDEKER-DUBOSE POST 121, INCORPORATED, THE AMERICAN LEGION, DEPARTMENT OF FLORIDA | | | | | | | REINSTATEMENT | | | |
| Principal Office Address - No P.O. Box # 3. Mailing O | | | | | | | 03/26/1001037014 **306.25 | | | |
| 3621 Highway 4 P.O. B | | | | | | | CR2E081 (11/09) | | | |
| Suite, Apt. #, etc. Suite, Apt. #, | | | | | | | 4. Date Incorp | Date Incorporated or Qualified To Do Business in Florida October 12, 1984 | | |
| City & State | City & State City & State | | | | | | | | | |
| Jay, Florida | | | | Jay, Flo | rida | | 5. FEI Number Applied For S96008849 Not Applicable | | | |
| Zip 32565 | Country US | | ^{Zip} 32565 | | Country US | 6. CERTIFICATE | E OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status | | | |
| 7. Name and Address of Current Registered Agent | | | | | | | | | | |
| Name Wieland D. Atchison Street Address (P.O. Box Number is Not Acceptable) 5975 Last Chance Road Suite, Apt. #, Etc. | | | | | State Zip Code | | 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. | | | |
| Milton State Zip Code 32570 | | | | | | | | | | |
| 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 Park REGISTERED AGENT MUST SIGN Date | | | | | | | | | | |
| 9. Names | and Street Ac | dresses | of Each Officer and | d/or Director (Flo | rida nonpro | fit corporations must list at le | ast 3 directors) | | | |
| Titles | Name of Officers and/or Directors | | | | Street Address of Each Officer and/or Director | | | City / State / Zip | | |
| D, C | Wieland D. Atchison | | | | 5975 Last Chance Road | | Road | Milton, Florida 32570 | | |
| D, S, T | William Z. Patrick | | | | 3894 Highway 4 | | Jay, Florida 32565 | | | |
| D, VC | Bob Lane | | | | 4630 NOWLING RD | | JAY FL 32565 | | | |
| D, CH | Jack Bragg | | | | 3999 BRAG LAKE HOOD | | JAY F1 32565 | | | |
| D | E. E. Gabbert | | | | 3905 Pine Level Church Road | | Jay, Florida 32565 | | | |
| | | | | | | | | ∞ | 3/26 | |
| 10. E-mail Address: (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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | | | | | | |