CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT, OF STATE Katheriñe Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

VIETNAM VETERANS OF WEST COAST OF FLORIDA, INC.

SECRETARY OF STATE PHYISIST OF CORPORATIONS

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2. Principal Office Address			3. Mailing Office Add		07-10-10-10-10-10-10-10-10-10-10-10-10-10-)L
10125	040	HICKORY LN.	10125 040	HICKORY LN	AEINSTATEMENT 70	
Suite, Apt. #, etc.			Suite, Apt. #, etc.		1 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
					4. Date Incorporated or Qualified To Do Business in Florida OCT. 18, 1984	
PORT RICHEY FL.			PORT RICHEY FL.		5. FEI Number Applied For Not Applied	
zip 34668		Country USA	34668	Country USA	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status	red
			7. Name and	Address of Current Regis	gistered Agent	_
Na	ame	RICHARD	E. F	RINCE		
		ss (P.O. Box Number is No		LN, "	400003377534- -08/30/00010450 1 5	
Su	ute, Apt. #	, Etc.			****726.25 ****726.25	
Cit	$^{ty}\mathcal{P}_{OA}$	T Pro US	, F/		State Zip Code	

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

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip PORT RICHEY OLD HICKORY LN. 3*4*668 9287 DUN KIRK 155/3 PETTICOAT LN. HAROLD HOLDREN

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 under section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR