

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

15 OCT 23 AM 8:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N06102

1. Corporation Name

PORT ST. LUCIE POWER SQUADRON, INC.

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

1108 SE MITCHELL DR P.O. BOX 7484  
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 7484  
Suite, Apt. #, etc.

City & State

PORT ST LUCIE, FL PORT ST LUCIE, FL

Zip

Country

34952

Zip

Country

U.S. 34984-7484 U.S.

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

NOV 9, 1984

5. FET Number

592474992

Applied For

Not Applicable

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

6. Name and Address of Current Registered Agent

Name

NORMAN SCHEFFNER

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

1108 SE MITCHELL AVE

Suite, Apt. #, Etc.

City

PORT ST LUCIE

State

FL

Zip Code

34952

800278424448  
10/23/15--01024--016 \*\*297.50

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

*Norman Scheffner*  
REGISTERED AGENT MUST SIGN

Date 19 OCT 2015

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
CDR	MALISCHKA DUNLAP	727 SE CALMOSO DR	PORT ST LUCIE, FL 34983
LTC	DIANE DI MAIO	5593 PINETREE DR	FORT AFGROG, FL 34982
LTC	GEORGE HEHNER	1351 SE CORAL REEF ST	PORT ST LUCIE, FL 34983
LTC	ANN BOECKLER	1491 SE PRESTWICK LN	PORT ST LUCIE, FL 34952
LTC	GAIL BIRD	1108 SE MITCHELL AVE	PORT ST LUCIE, FL 34952
LTC	NORMAN SCHEFFNER	1108 SE MITCHELL AVE	PORT ST LUCIE, FL 34952

10. E-mail Address: N. SCHEFFNER@ATT.NET

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

*Norman Scheffner*

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

NORMAN SCHEFFNER

Date

19 OCT 2015

Daytime Phone #