

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

236.55

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 JAN 10 PM 1:35

DOCUMENT # N07361

1. Corporation Name

FLEET RESERVE ASSOCIATION BRANCH #346, INC.

Principal Place of Business

Mailing Address

2117 WILKINSON AVENUE  
PANAMA CITY BEACH FL 32408

2117 WILKINSON AVENUE  
PANAMA CITY BEACH FL 32408



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

01/29/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	<del>ROBINSON, REX C</del> JIM FAXLANDER	<del>505 LAGOON OAKS CR.</del> 264 B PEACOCK DR	BCH PANAMA CITY FL <del>32408</del> 32407
VD	DEWAR, RICHARD J	6010 SUNSET AVENUE	PANAMA CITY FL 32408
SD	<del>SNELL, BILLY</del> HODGES, THOMAS E.	<del>2200 DOROTHY AVE.</del> 5617 B SUNSET AVE	PANAMA CITY FL 32408
TD	<del>FAXLANDER, JIM</del> ROBINSON, REX C.	<del>264 B PEACOCK DR.</del> 505 LAGOON OAKS CR.	PANAMA CITY BEACH FL <del>32407</del> 32408
			300004781253--0 -01/17/02--01024--020 ****472.50 ****236/25

8. Name and Address of Current Registered Agent

SNELL, BILLY B  
2220 DOROTHY AVE.  
PANAMA CITY BEACH FL 32408

9. Name and Address of New Registered Agent

Name  
THOMAS E. HODGES  
Street Address (P.O. Box Number is Not Acceptable)  
5617 SUNSET AVE  
Suite, Apt. #, Etc.  
B  
City  
PANAMA CITY BCH  
State  
FL  
Zip Code  
32408

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

THOMAS E. HODGES  
REGISTERED AGENT MUST SIGN

Date 12/4/02

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 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:

THOMAS E. HODGES  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/4/02  
Date

2343940 EX 264  
Daytime Phone #

CR2040 (8/01)