

**2004 NOT-FOR-PROFIT CORPORATION  
REINSTATEMENT**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 NOV 10 AM 8:00

**DOCUMENT # N07463**  
1. Entity Name  
WILLIAM A. MCALLISTER POST NO. 1608 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.



Principal Place of Business  
V.F.W. POST 1608, 2750 SW 16TH ST., MIAMI, FL 33145

Mailing Address  
V.F.W. POST 1608, 2750 SW 16TH ST., MIAMI, FL 33145

**REINSTATEMENT 04**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

11012004 REIN-NP CR2E099 (6/04) *MRS*

4. FEI Number  
59-0685762 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
HOPE, BEN F. *DECEASED*  
2750 SW 16TH ST.  
MIAMI, FL 33145

7. Name and Address of New Registered Agent  
Name *RALPH L. ASHLEY*  
Street Address (P.O. Box Number is Not Acceptable)  
*2750 S.W. 16<sup>th</sup> STREET*  
City *MIAMI* FL *33145*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  
*COMMANDER - OR PRESIDENT*

SIGNATURE: *Ralph Ashley* **RALPH L. ASHLEY** *11-8-04* DATE  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$236.25**  
After January 1, 2005, Fee will be \$297.50

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ASHLEY, RALPH 3790 SW 16TH ST MIAMI, FL 33145 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HARTMAN, JOHN R. 310 SW 30 CT. MIAMI, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOPE, BEN F. 2370 SW 26 ST. MIAMI, FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>100042637511</i> <i>11/10/04--01048--018</i> <i>*\$245.00</i> <i>QUARTERMASTER</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>MARK D. BLACK</i> <i>2320 SW 27 LN. MIAMI, FL 33133</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ralph Ashley* **RALPH L. ASHLEY** *11-8-04* DATE  
Signature and typed or printed name of signing officer or director