

**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. 16th STREET
City MIAMI FL Zip Code 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	100042637511 11/10/04--01048--018 **245.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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	QUARTERMASTER MARK D. BLACK 2320 SW 27 LN. MIAMI, FL 33133 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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