## 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N08000008549

FILED Oct 26, 2009 Secretary of State

Entity Name: AMERICAN VETERANS FOR EQUAL RIGHTS - FLORIDA GOLD COAST CHAPTER INC **Current Principal Place of Business:** New Principal Place of Business: 3499 NE 12TH TERRACE 1085 S FLAGLER AVE OAKLAND PARK, FL 33334 US #620 POMPANO BEACH, FL 3060 US **Current Mailing Address: New Mailing Address:** P.O. BOX 11247 FORT LAUDERDALE, FL 33309 US FEI Number: 20-3607755 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LAFONTAINE, MARK J MST LAFONTAINE, MARK J MST 3499 NE 12TH TERRACE 1085 S FLAGLER AVE OAKLAND PARK, FL 33334 US #620 POMPANO BEACH, FL 33060 US 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. SIGNATURE: DILVERT HATCHETT TRESURER 10/26/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete LAFONTAINE, MARK J LAFONTAINE, MARK J PRES Name: Name: 3499 NE 12TH TERRACE Address: 1085 S. FLAGLER AVE #620 Address: City-St-Zip: OAKLAND PARK, FL 33334 US City-St-Zip: POMPANO BEACH, FL 33060 US Title: Title: ( ) Change (X) Addition ( ) Delete Name: Name: MORRIS, KENNETH V.P. Address: Address: 1940 NE 2ND AVE. #J105 City-St-Zip: City-St-Zip: WILTON MANORS, FL 33305 US Title: () Delete Title: ( ) Change (X) Addition HATCHETT, DILVERT TRES Name: Name: 1513 N DIXIE HIGHWAY Address: Address: City-St-Zip: City-St-Zip: FORT LAUDERDALE, FL 33304 US MR. ( ) Change (X) Addition EDDY, ANDY SECT Title: () Delete Title: Name: Name: Address: Address: 1527 SE 8 TERRACE City-St-Zip: City-St-Zip: DEERFIELD BEACH, FL 33441 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DILVERT HATCHETT TRES 10/26/2009