

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08939

FILED
Nov 10, 2004
Secretary of State**Entity Name:** JAMES D. RADER, CHAPTER #108, DISABLED AMERICAN VETERANS, DEPARTMENT OF
FLORIDA, INCORPORATED**Current Principal Place of Business:**P O BOX 100156
CAPE CORAL, FL 339100156 US**New Principal Place of Business:****Current Mailing Address:**P O BOX 100156
CAPE CORAL, FL 339100156 US**New Mailing Address:****FEI Number:** 59-1701345 **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:**EAGAN, ROBERT W
1302 NE 4TH TERRACE
CAPE CORAL, FL 33909 US**Name and Address of New Registered Agent:**SIFERT, VICTOR T
1110 SE 16TH STREET
CAPE CORAL, FL 33990 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: VICTOR T. SIFERT

11/10/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** TSD () Delete
Name: EAGAN, ROBERT W
Address: 1302 NE 4TH TERRACE
City-St-Zip: CAPE CORAL, FL 33909**Title:** PD () Delete
Name: SMITH, AMY LOUISE
Address: 2726 SW 3RD PLACE
City-St-Zip: CAPE CORAL, FL 33914**Title:** VD () Delete
Name: RUNC, THOMAS J
Address: 5016 SW 35TH PLACE
City-St-Zip: CAPE CORAL, FL 33914**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: KOWALCZYK, JOSEPH
Address: 5510 SW 4TH PLACE
City-St-Zip: CAPE CORAL, FL 33914**Title:** TD (X) Change () Addition
Name: SIFERT, VICTOR T
Address: 1110 SE 16TH STREET
City-St-Zip: CAPE CORAL, FL 33990**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** SD () Change (X) Addition
Name: HALEY, ARTHUR O
Address: 5271 GENESE PARKWAY
City-St-Zip: BOKEELIA, FL 33922

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: VICTOR T SIFERT

TD

11/10/2004

Electronic Signature of Signing Officer or Director

Date