

# **2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N12000002537

**FILED**  
**Jul 15, 2014**  
**Secretary of State**

**Entity Name:** LOFLEY HINSON SONS OF THE AMERICAN LEGION SQUADRON 162 DEPARTMENT OF FLORIDA, INC.

**Current Principal Place of Business:**

820 SE 8TH AVE  
DEERFIELD BEACH, FL 33441

**New Principal Place of Business:**

**Current Mailing Address:**

820 SE 8TH AVE  
DEERFIELD BEACH, FL 33441

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CLINE, JEFFREY V  
1099 SW 3RD ST  
BOCA RATON, FL 33486      US

**Name and Address of New Registered Agent:**

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: RONNIE PIKE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CLINE, JEFFREY V  
Address: 1099 SW 3RD ST  
City-St-Zip: BOCA RATON, FL 33486

Title: F  
Name: MONACO, NORMAN J  
Address: 2502 SW NATURA BLVD  
City-St-Zip: DEERFIELD BEACH, FL 33441

I hereby 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 all other like empowered.

SIGNATURE: NORMAN J MONACO

F

07/15/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date