


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT
2016-2017**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

17 MAR -9 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N12000008269

1. Corporation Name

American Legion Auxiliary,
Edward C Desaussure Unit 9, Inc.

2. Principal Office Address - No P.O. Box #

10737 New Kings Rd.

Suite, Apt. #, etc.

101

City & State

Jacksonville, Fl.

Zip

32219

Country

Duval

3. Mailing Office Address

10737 New Kings Rd.

Suite, Apt. #, etc.

101

City & State

Jacksonville, Fl.

Zip

32219

Country

Duval

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

8/27/2012

5. FEI Number

46-0794420

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

yes

\$8.75 Additional Fee required
for a Certificate of Status

800296515208

02/03/17--01015--028 **297.50

800296515208

03/03/17--01003--004 **8.75

7. Name and Address of Current Registered Agent

Name

Tommie Richter

Street Address (P.O. Box Number is Not Acceptable)

10737 New Kings Rd.

Suite, Apt. #, Etc.

101

City

Jacksonville

State

FL

Zip Code

32219

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Tommie Richter

Date

2-28-17

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Amanda Pope	10737 New Kings Rd. Suite 101 Jax., Fl.	32219
V	Raven Vanpelt	10737 New Kings Rd. Suite 101 Jax., Fl.	32219
T	Tommie Richter	10737 New Kings Rd. Suite 101 Jax., Fl.	32219
S	Kristy Belisle	10737 New Kings Rd. Suite 101 Jax., Fl.	32219

10. E-mail Address: ALAuxiliary9@outlook.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Amanda Pope

Amanda Pope

2/20/17

904-304-7444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #