

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 JAN 25 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #N16527

1. Corporation Name

Indiantown Veterans Association

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

16701 SW Morgan Street

Suite, Apt. #, etc.

3. Mailing Office Address

16701 SW Morgan Street

Suite, Apt. #, etc.

City & State

Indiantown, FL

City & State

Indiantown, FL

Zip

34956

Country

USA

Zip

34956

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

08-07-1963

5. FEI Number

596111356

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

David S. Shelton, Sr.

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

16701 SW Morgan Street

Suite, Apt. #, Etc.

City

Indiantown

State

FL

Zip Code

34956

300219537133
01/25/12--01030--005 **1715.00

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

Date 01-17-12

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
Commander	David S. Shelton, Sr	16701 SW Morgan Street	Indiantown, FL 34956
SR Vice Commander	Billy Blake	16701 SW Morgan Street	Indiantown, FL 34956
Quartermaster	Mary Beth Parker	16701 SW Morgan Street	Indiantown, FL 34956
Jr. Vice Commander	Armando Guerrero	16701 SW Morgan Street	Indiantown, FL 34956

REINSTATEMENT 87-12

10. E-mail Address: rundave@netzero.com

(To be used for future annual report notification)

JAN 25 2012

T. SCOTT

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:

01-17-12

772-597-0902

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #