PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

TEL/(OE TEL/(E	, TEE HOTTIO		•			
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary & State DIVISION OF CORPORATIONS		FILED			
			02 MAY -8 AH11: 25			
DOCUMENT # N/00				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
DOCUMENT # N 18806 WD2-10683			i Mulani ind	Filter Faction		
BAYONET POINT POST 7631 VETERAN'S OF FOREIGN WARS						
VETERAN'S OF FOREIGN WARS			man emera da súa da debia hadi	eas the water to	4 OC 01	
OF THE UNITED STATES INC.			REMSTATEMENT 98-02			
2. Principal Office Address 13129 COLONY RD	and Office Address 9 COLONIV RD 3. Mailing Office Address				18-02	
	13129 COLOWY				10 00	
Suite, Apt. #, etc.	e, etc. Suite, Apt. #, etc.		4. Date Incorporated or Qualified			
0	te City & State		To Do Business in Florida 1987			
City & State		5. FEI Nu			Applied For	
Tip Country	THUD SON Zip	Country	59-270 6.		Not Applicable	
34669 11.5.A	34669	U.S.A	CERTIFICATE OF S		Additional Fee required a Certificate of Status	
7. Name and Address of Current Registered Agent						
Name (1).11.0m H SPR.11C3TEC1) 700005575467-8						
Street Address (P.O. Box Number is Not Acceptable)						
13129 COLONY RD						
Suite, Apt. #, Etc.	<u>, , , , , , , , , , , , , , , , , , , </u>					
City				ate Zip Code L 34669		
8. I, being appointed the registered agent of the	above named corporation, a	m familiar with and accept the c	bligations of section 60	7.0505 or 617.0503, F.S.		
Signature of						
Registered Agent William 17 - Appendig Alexa Date - 1/2						
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 Direct	tors	Street Address of Each Officer and/or Director		City / State / Zip		
QUARTER						
MASTER WILLIAM H Spe, NGSTEEN 11511 SMITH BUD, HOSOW HEA HUDSON, FLA 34667						
CAMMEN TERRY MOLH	attawd 133	31 WRENWOO	Cracle	HUDSON, FCI	7 34669	
5R.				A = A = C	34654 D. J	
VICE STEVE MCDON	JALD 98	31 05CEOLA	DR.	NEW YORL A	CIETTEE FCIT	
T CHARLES D BAC	C IR 13/0	9 CoLONY RE)	UDSON KA	34669	
T JOESOH FALKE	29 CoLON X	D 4	LUDSON FLA	34669		
T HARRY TRIPS	P 13/0	29 COLONY R		HUDSON FCM	9 34669	
10. 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 filling						
this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 507.0401 of 617.0401, F.S. that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated						
on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.						
CICNATURE (1)	H San-1	<u>د .</u>	4/1	loc 727-	816-0051	
SIGNATURE: SIGNATURE AND TYPED OF	PRINTED NAME OF SIGNING	OFFICER OR DIRECTOR	/ Da	ate Dayti	me Phone # 2 PM	