

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT# N22318

1. Corporation Name

FRANK BOYN, AMERICAN LEGION POST 181, INC.,
OF GIFFORD, FLORIDA

Principal Place of Business

Mailing Address

4585 - 36th Ave

4585 - 36th Ave.

Vero Beach, FL 32967 Vero Beach, FL 32967

FILED
98 JUN 19 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09/01/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-6200662

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
	Alphonso W. Davis	4900 - 33rd Ave Vero Beach, FL 32967	
P/D	Richard Morgan	548 Carribean Circle Vero Beach, FL 32862	
V/D	Homer Mitchner	309 - 7th Ct., S.W. Vero Beach, FL 32962	400002569184-- 7 -06/23/98--01044--005 ****367.50 ****367.50
T/D	Anthony D. Idlette	348 - 8th Ave. S.W. Vero Beach, FL 32962	
S/D			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Anthony D. Idlette
348 - 8th Ave., S.W.
Vero Beach, FL 32962

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Anthony D. Idlette
REGISTERED AGENT MUST SIGN

Date 6/18/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒

No ☐

(See other side for information
on intangible tax.)

12. 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., 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony D. Idlette

Date

Daytime Phone #