


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N22318 1. Entity Name JOHNNY WRIGHT AMERICAN LEGION POST 181, INC.		
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FILED

08 NOV 12 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11082008 REIN-NP CR2E099 (1/07)

Principal Place of Business 4630 36TH AVENUE VERO BEACH, FL 32967	Mailing Address 4630 36TH AVENUE VERO BEACH, FL 32967
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-6200662	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BROWN, ANTHONY 4159 57TH COURT VERO BEACH, FL 32967		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$61.25
After January 1, 2009, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MIMS, EDWARD W			NAME			
STREET ADDRESS	1710 38TH PLACE			STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH, FL 32967			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORGAN, RICARD			NAME			
STREET ADDRESS	548 CARRIBEAN CIRCLE			STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH, FL 32962			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	IDLETTE, ANTHONY D			NAME			
STREET ADDRESS	516 22ND AVE			STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH, FL 32962			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, ANTHONY			NAME			
STREET ADDRESS	4159 57TH COURT			STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH, FL 32967			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

600137844536
11/12/08--01021--011 **\$61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Edward W. Mims*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/10/08 772-559-9259

11/13/08