PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAY -2 PH 12: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N24445

1. Corporation Name

FAIRWAYS POST NO. 5046 VETERANS OF FOREIGN WARS OF THE UNITES STATES

2. Principal Office Address
2149 PEBBLE BEACH BLVD.
ORLANDO, FLORIDA 32826

Suite, Apt. #, etc.

City & State

Zip | Country

3. Mailing Office Address
2149 PEBBLE BEACH BLVD.
ORLANDO, FLORIDA 32826

Suite, Apt. #, etc.

City & State

Zip | Country

4. Date Incorporated or Qualified
To Do Business in Florida   JAN. 21, 1988

5. FEI Number
59-2854556

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
JOHN PALUMBO

Street Address (P.O. Box Number is Not Acceptable)
2018 PORT MARNOCK LANE

400054204564
05/10/05--00041--004 **61.25

Suite, Apt. #, Etc.

City
ORLANDO

State
FL

Zip Code
32826-5221

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 _____
REGISTERED AGENT MUST SIGN

Date 4-8-05

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
T	JOHN PALUMBO	2018 PORT MARNOCK LANE	ORLANDO, FL 32826
D	ROBERT JOHNSON	2067 MERION DRIVE	ORLANDO, FL 32826
D	DONALD KELSO	2167 CONGRESSIONAL DRIVE	ORLANDO, FL 32826

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 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: _____ (JOHN PALUMBO)   APRIL 8, 2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #