

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 FEB 27 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

20 229-08

DOCUMENT # *N25792*

1. Corporation Name

*POST NAME ROLLING GREENS
POST # 2009-VETERANS
OF FOREIGN WARS OF THE
UNITED STATES, INC.*

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

6512 D LAKEWOOD DR.

Suite, Apt. #, etc.

City & State

OCALA, FLORIDA

Zip

34472

Country

U.S.A.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

SAME

Zip

SAME

Country

REINSTATEMENT

CR2E001 (12/07)

**4. Date Incorporated or Qualified
To Do Business in Florida**

APRIL 6, 1988

5. FEI Number

59-2856598

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 L. RUYSBROEK

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

6512 D LAKEWOOD DR.

Suite, Apt. #, Etc.

City

OCALA

State

FL

Zip Code

34472

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

John L. Ruysbroek

REGISTERED AGENT MUST SIGN

Date *2-26-08*

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
<i>D</i>	<i>RONALD GALBA</i>	<i>11000 W. GLENEAGLES</i>	<i>OCALA, FL 34472</i>
<i>D</i>	<i>LACK LONG</i>	<i>2347 PEBBLE BEACH</i>	<i>OCALA, FL 34472</i>
<i>D</i>	<i>HARRY ASH</i>	<i>6896A HOLYOKE CT</i>	<i>OCALA, FL 34472</i>
<i>D</i>	<i>JOHN L. RUYSBROEK</i>	<i>6512 D LAKEWOOD DR.</i>	<i>OCALA, FL 34472</i>

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*02/27/08--01043--005 **183.75*

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 contained in Chapter 119, 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:

Ronald Galba

RONALD GALBA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-08

Date

Daytime Phone #

1-352
694-6161