

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN -6 PM 4:58

DOCUMENT # N29090

1. Corporation Name

~~Santa Rosa Chapter 125 DAV, Inc.~~
SANTA ROSA CHAPTER 125 DISABLED AMERICAN
VETERANS, INC

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

5918 CARROL Rd

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 44

Suite, Apt. #, etc.

City & State

Milton, FL

Zip

32570

Country

USA

City & State

Milton, FL

Zip

32570

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/1/1995

5. FEI Number

51-0169753

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 EVERITT

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

5231 PERSIMMON LN

Suite, Apt. #, Etc.

City

MILTON

State

FL

Zip Code

32570

☒ 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 Everitt
REGISTERED AGENT MUST SIGN

Date 5/6/2008

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
P	ARTHUR FRAZIER	5428 HOMESTEAD DR	MILTON, FL 32570
V	RAY BANN	4879 TIMBER RIDGE DR	MILTON, FL 32570
T	CHARLES HEINEY	5749 WINDERMERE TR	MILTON, FL 32571
S	JOHN EVERITT	5231 PERSIMMON LN	MILTON, FL 32570

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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:

John Everitt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/08 880 623 6750
Date Daytime Phone #