

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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07/11/03 90048 021x61.25

APPLICATION FOR
FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 12 AM 8:00

DOCUMENT # N29090

1. Corporation Name
SANTA ROSA CHAPTER 125 DISABLED AMERICAN VETERAN S, INC.

Principal Place of Business
5051 E SPENCERFIELD RD
BOX 44
PACE FL 32571
US

Mailing Address
BOX 44
BOX 44
MILTON FL 32572
US



MRS

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
11/03/1988

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. 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	4 City / State / Zip
D	MERIDETH, LUTHER	4729 CARLYN DRIVE	PACE FL
D	NAUMOWICZ, RONALD A Edwin L. Grillo	3076 DEERWOOD CIR 5605 Windermere TRC	PACE FL 32571
D	CUPITT, JR., THOMAS	108 TOM SAWYER RD.	MILTON FL
D	HEINEY, CHARLES E	5749 WINDEMERE TR	PACE FL
D	RICH, CALVIN D	900 MUNDY LN 4318 Mundy LN	PACE FL 32571
P	GOODWIN, RAYMOND J I	4040 INDIANA CIR 5092 E. Spencer Field Rd.	PACE FL 32571

8. Name and Address of Current Registered Agent
GOODWIN, RAYMOND J. II
4346 INDIANA CIRCLE
PACE FL 32571

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
5092 E. Spencer Field RD.
Suite, Apt. #, Etc.
City Pace State FL Zip Code 32571-9088

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. or 617.0505, F.S.

Signature of Registered Agent *Raymond J. Goodwin* Date 11-4-03
REGISTERED AGENT MUST SIGN

11. 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]* Date 11-7-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (7/03)

2072
CPL PAUL D. LYON JR. CHAPTER 125

P.O. BOX 44, MILTON, FLORIDA 32572



Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sir,

As the Current Registered Agent of the Santa Rosa Chapter 125, Disabled American Veterans, Inc., I would like to request a waiver of the reinstatement penalty of \$175. The reason for this request is that I never received the follow up letter from 14 July that was supposed to have been sent by your office. Our organization has already paid the \$61.25 for the Incorporation, this was done in January and again in July because the first check was lost in the mail. We do have some new people in the organization who may not be as familiar with the procedures as they should be and for that I do sincerely apologize.

Please advise me of your decision concerning the waiver of the penalties.

Sincerely,


Raymond J. Goodwin II
Registered Agent