CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 APR 22 PM 2:48

B 4/22/08
01/25/08 01083 004 $183.00

DOCUMENT # N34046

REINSTATEMENT 06-08

1. Corporation Name
American Legion Post 171, Robert L. Coleman, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1814 N 21st Street	1814 N 21st Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft Pierce, FL	City & State: Ft Pierce, FL
Zip: 34950 Country: St Lucie	Zip: 34950 Country: St Lucie

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number ☒ 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: Henry Clayton

Street Address (P.O. Box Number is Not Acceptable): 2702 Kingsley Dr

Suite, Apt. #, Etc.:

City: Ft Pierce, FL 34946 State: FL Zip Code: 34946

☑ 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: Henry Clayton — REGISTERED AGENT MUST SIGN — Date: 3/15/2008

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
finance	Anthony Peters	749 N.W. Kingston St	Port St. Lucie, FL 34983
E. Board	Henry Anderson	2302 Ave O	Ft Pierce, FL 34950
Sgt at Arms	Eddie Davis	3503 Ave S	Ft Pierce, FL 34947
Judge Advocate	James Williams	4007 Ave M	Ft Pierce, FL 34947
Commander	Henry Clayton	2702 Kingsley Dr	Ft Pierce, FL 34946

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: Henry Clayton — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 3/15/2008 — Daytime Phone #