

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 DEC 19 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

80

DOCUMENT # N35265

1. Corporation Name
VETERANS' MEMORIAL, INC.

Principal Place of Business Mailing Address
982 A PONDELLA RD. 982 A PONDELLA RD.
NORTH FORT MYERS FL 33903 NORTH FORT MYERS FL 33903

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/16/1989 SP	
City & State		City & State		5. FEI Number	
Zip		Country		65-0165093	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
DP	RENNEY, RICHARD J	2025 N.E. 7TH AVE 89 Crescent Dr North Ft Myers	CAPE CORAL FL 33909 N Fort Myers, FL 33917
D	GIRESI, FRANK	982 A PONDELLA RD.	NORTH FORT MYERS FL 33903
D	WHITNEY, EUGENE	615 DESOTO ST.	LEHIGH ACRES FL
D	Renney, Russell	89 Chescent LK Dr.	North Ft Myers, FL
700003526357--6 -01/08/01--01013--023 ****236.25 ****236.25			

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
RENNEY, RICHARD J 2025 NE 7TH STREET CAPE CORAL FL 33909 89 Chosecent LK DR. N. FT. MYERS, FL 33917		Name: Richard Renney Street Address (P.O. Box Number is Not Acceptable): 89 Crescent Lake Drive Suite, Apt. #, Etc.: City: Ft Myers State: FL Zip Code: 33917	

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.
Signature of Registered Agent: Richard Renney Date: 12-1-00
REGISTERED AGENT MUST SIGN President

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: Richard Renney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Richard Renney, President
Date: 9/11/05 Daytime Phone #: 452-5564