

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N35729

1. Corporation Name

FLORIDA AMVETS POST 1292, INC.

Principal Place of Business

6333 OLD BAGDAD HIGHWAY  
MILTON FL 32583

Mailing Address

6333 OLD BAGDAD HIGHWAY  
MILTON FL 32583

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

2. New Principal Office Address, if Applicable

Rufus Faulk  
6333 Old Bagdad  
Milton FLA.  
32583 USA

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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REINSTATEMENT 01

4. Date Incorporated or Qualified  
To Do Business in Florida

12/19/1989

5. FEI Number

59-3026827

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
✓	THOMAS, CAROL	5424 SAN MIGUEL ST	MILTON FL 32583
T	REEVES, WAYNE	10815 HWY 90	HOLT FL 32583
✓	WINSLOW, GILL	6395 OLD BAGDAD HWY	MILTON FL 32583
T	MOORE, RONALD	6807 FASTGUN LANE	MILTON FL
T	YANKOVY, TOM JACKIE Hawkins	4086 GARCON POINT RD 6325 Old Bagdad Hwy	MILTON FL 32583
T	MOORE, RONALD	6807 FASTGUN LANE	MILTON FL 32583

8. Name and Address of Current Registered Agent

SHANE, RUSSELL  
147 TRAIL DRIVE  
MILTON FL 32583

9. Name and Address of New Registered Agent

Name Rufus Faulk  
Street Address (P.O. Box Number is Not Acceptable)  
6333 Old Bagdad Hwy  
Suite, Apt. #, Etc.  
City Milton State FL Zip Code 32583

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

JACKIE HAWKINS

REGISTERED AGENT MUST SIGN

Date 10-13-01

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:

Rufus Faulk  
RUFUS FAULK

Date

10-13-01

Daytime Phone 625 2258