

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N35729

1. Corporation Name

Florida Amvets Post 1292, Inc.

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

6333 Old Bagdad Hwy

Suite, Apt. #, etc.

3. Mailing Office Address

6333 Old Bagdad Hwy

Suite, Apt. #, etc.

City & State

Milton, FL

City & State

Milton, FL

Zip

32583

Country

Santa Rosa

Zip

32583

Country

Santa Rosa

**REINSTATEMENT** 02-07

4. Date Incorporated or Qualified  
To Do Business in Florida

06/27/2002

5. FEI Number

593026827

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  
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

☒ 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

*Rufus Faulk*

REGISTERED AGENT MUST SIGN

Date 7-20-07

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	Rufus Faulk	7024 Dorr Street	Milton, FL 32583
1st V	Mike Cooney	7813 Penny Lane	Milton, FL 32583
2nd V	Jim Pittman	5533 Traci Drive	Milton, FL 32583
T	Thurman Hutchins	7916 Old Hickory Hammock Rd	Milton, FL 32583

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:

*Rufus Faulk* Rufus Faulk

7-20-07

Date

850-623-2258

Daytime Phone #