

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 NOV -3 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 36057

1. Corporation Name

ALLIED VETERANS OF THE WORLD, INC:
POST # 2

Principal Place of Business

Mailing Address

650 W. POPE ROAD
ST. AUGUSTINE, FL. 32084 APT. 245

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

1-11-90

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3145785

Applied For

Not Applicable

City & State

City & State

ST. AUGUSTINE FL.

Zip

Country

Zip

32084

Country

ST. JOHNS

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D/T	HAROLD GROSSMAN	650W. POPE RD.	ST. AUGUSTINE FL. 32084
T/T	RANDY BISHOP	206 PHONETIA DR.	ST. AUGUSTINE FL 32086
D/t	JOHNNY DUNCAN	4250 A1AS P-11	ST. AUGUSTINE FL. 32084
			300002340913-1-6
			-11/06/97--01120--006
			****612.50 ****612.50

REINSTATEMENT

91-97

A. Alan

11/3/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

HAROLD GROSSMAN

Street Address (P.O. Box Number is Not Acceptable)

650 W. POPE RD. APT. 245

Suite, Apt. #, Etc.

ST. AUGUSTINE FL. 32084 #245

City

State

Zip Code

FL

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

Harold Grossman HAROLD GROSSMAN

REGISTERED AGENT MUST SIGN

Date

10/24/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Harold Grossman HAROLD GROSSMAN 10-24-97

Date

Daytime Phone #

84-471-5307

CR2E040 (12/96)