PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	Sec	EPARTMENT OF Cretary of State			FILED 07 NOV -9 PM 12:	
DOCUMENT # N 45479 1. Corporation Name				1	OF STA ALLAHASSEE, FLOR	ADIA
PURPLE HEART VETERANS OF FLORIDA, INC.				8 11/0	00112178 9/0701046026	438 **183.75
· · · · · · · · · · · · · · · · · · ·		ING ARTHUR CIRCLE		REINSTATEMENT 05-07		
Suite, Apt. #, etc. Suite, Apt. #,					orated or Qualified	
City & State City & State MAITLAND, FL Zip Country Zip Zip Zip		Country	5. FEI Number 59 - 309099		3090999 Se statue deciden \$8.75	Applied For Not Applicable Additional Fee required
32751-5823 USA 7. Name and Address o	32757-S			CERTIFICATE	for a	Certificate of Status
Name DANA L. GOWEN, T Street Address (P.O. Box Number is Not Acceptable) 1905 KING ARTHUR CIRCLE Suite, Apt. #, Etc. City State Zip Code				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.		
MAITLAND		FL 32	151			
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 Date Nov. 7, 2007 REGISTERED AGENT MUST SIGN						
9. Names and Street Addresses of Each Officer and	d/or Director (Florida	a nonprofit corporations	s must list at lea	ast 3 directors)		
Titles Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State /	Zip
P.D DANA L. GOWEN, IF		1905 KING ARTHUR CIRCL		2 CIRCLE	MAITLAND, FL	32751 - 5 823
V, D MICHAEL BRACKETT 342 MAULDIN PLACE THE VILLAGES, FL 321						132162
T, D ROHALD MITCHEL	- 103	6025 HIL	LBROOK	AVE.	ZEPHYRHIUS, 1	FL 33541
S. D J.B. HASKINS	Bicon	414 So. Cx	1ATISWOR	ETH PT.	LECANTO, FL	34461
D. DOHALD C. SMIT	74 <u> [</u>	812 So. H	loustor	V DR.	DELTONA, FL	32738
D DONALO WASHBA	SH 2	601 SW 10	oth St.	Apt. 242	OCALA, FL	34474
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: SIGNATURE: Date Daytime Phone #						

ADDITIONAL DIRECTORS

CALVIN DOVALL P.O. BOX 492

JOHN CHURGOUKH JR 5666 SW 59 TH ST.

EATION PARK, FL 33840 OCALA, FL 34474