PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 SEP -6 AM 7:32

DOCUMENT # n48832

1. Corporation Name

DISABLED AMERICAN VETERANS CHAPTER # 148 INC.

2. Principal Office Address	**3.** Mailing Office Address
Same	21 E. KEEN ST. KISSIMMEE FL. 34744
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: KISSIMMEE FL.	City & State: KISSIMMEE FL.
Zip: 34744 Country: OSCEOLA	Zip: 34744 Country: OSCEOLA

0105

4. Date Incorporated or Qualified To Do Business in Florida: 5-12-92

5. FEI Number: 311197150 ☐ 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: WALTER C. FORREST

Street Address (P.O. Box Number is Not Acceptable): 3107 MARSHLAND CT.

Suite, Apt. #, Etc. —

City: KISSIMMEE State: FL Zip Code: 34743

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: Walter C. Forrest Date: _____
REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

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	WAYNE GOMEZ	1613 WOODBAY CT	KISS. FL. 34744
V.P	CHRIS BISCHOFF	5524 MALLIN DR.	ORLANDO FL. 32822
V.P.	TONY PIELLA	P.O. BOX 702628	ST. CLOUD FL 34770
TREAS.	WALTER FORREST	3107 MARSHLAND CT.	KISSIMMEE FL. 34743

500059583485
09/13/05--01061--022 **481.25

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 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: Wayne Gomez 9-2-05 407-870-7930
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #