2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

		1/2111017	7	F-11					
DOCUMENT # N49497 1. Entity Name						FILED			
AMERICAN LEGION POST 332 KENNEDY SPACE CENTER, FLORIDA INC.						OG BEC 14 PH S AS			
Principal Plac P.O. BOX 21 KENNEDY SP	213	R, FL 32899	Mailing Address P.O. BOX 21213 KENNEDY SPACE CENTER, FL 32899			SECRETARY OF STATE FALLWHASSEE, FLORIDA			
2. Principal P	Place of Busin	ess	3. Mailing Address						
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			1,10,92006 TRE	ኮ ‰ት⊒∟ ∜ <u>. ሴ</u> ሄ	ZEO9A ()/[/(JS))	DIPP
City & Stat	e		City & State			4 FEI Number 59-324234	0 12 TUT	├──	plied For t Applicable
Zip		Country	Zip	ip Country		5. Certificate of Sta	atus Desired	\$8.75 Add	itional
6. Name and Address of Current Registered Agent						7. Name and Add	ress of New Registe	ered Agent	
RIQUELME, GEORGE A 4135 CEDAR CREEK CIRCLE, #203 MERRITT ISLAND, FL 32953					Street Address (NUE R P.O. Box Number is N	A KIVER	DRIVE	3
8. The above	named entity	y submits this statement for	<u>/ナナ ズS//</u> red agent, or both, in:		FL 33	952 and accept			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. **Market R Virate****									
Property of AD alies Deliale									
SIGNATURE FINANCE OFFICER Manuel K Virola 72/06									
Signature, typed or printed name of registered agent and tate if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOWIII FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Make check payable to Florida Department of State									
10.	_	OFFICERS AND DIR	ECTORS	11.		<u> </u>	S TO OFFICERS AN	ID DIRECTORS IN	10
TITLE	D Delete							☐ Change	Addition
NAME	RIQUELME, GEORGE A				E	1.00	nezec	_ •	
STREET ADDRESS	4135 CED	AR CREEK CIRCLE #2	03	STREET ADDRESS		12/19/06	108265 }010500	04 **61.7	ος [
CITY-ST-ZIP	MERRITT	ISLAND, FL 32952		CITY	-ST-ZIP			C. F. Principle	''
TITLE	D		☐ Delete	TITLE				Change	☐ Addilion
NAME STREET ADDRESS	ELLIOTT,			NAME	E Et address				- 1
CITY-ST-ZIP	GENEVA, FL 32732				-ST-ZIP				
TITLE	D		Delete	TITLE	· .			Change	Addition
-NAME		OS, BETTY J	r-1 Delete	NAME				L_1 change	Audition
STREET ADDRESS	351 HOLIDAY PARK BLVD NE				ET ADORESS				\
CITY-ST-ZIP	PALM BAY, FL 32907				-ST-ZIP				
TITLE	D Delete							☐ Change	Addition
NAME STREET ADDRESS	VIRATA, MANUEL R. 1660 N. BANANA RIVER DR.				ET ADORESS				
CITY-ST-ZIP	MERRITT ISLAND, FL				-ST-ZIP]
TITLE	D Delete							Change	Addition
NAME	FURIS, GEORGE R				:				_
STREET ADDRESS					ET ADDRESS				
CITY-ST-ZIP	MERRITT ISLAND, FL 32953				-ST-ZIP				
TITLE NAME	D Delete KINSER, GEORGE C JR			TITLE	į.			☐ Change	Addition
STREET ADDRESS	2331 HARPER COURT				ET ADDRESS				,
CITY-ST-ZIP									[
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered									
SIGNATURE: MANUEL R VIRATA Manuel R Virita 12/10/06 6987017 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Design Proper									
					•		/	Dayone Cities #	

B. Michel DEC 1 4 2006