

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

97 MAR 20 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000002013 (1)

1. Corporation Name *Col. Jame R. Burkhart
Memorial Post #1136
Veterans of Foreign War of U.S.*

Principal Place of Business
*12801 NE 139 Pl
Fort Mc Coy Fl*

Mailing Address
*PO Box 2040
Fort Mc Coy Fl
32134*

REINSTATEMENT *94-97*

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5/3/93	
City & State		City & State		5. FEI Number	
Zip		Zip		59-3109619	
Country		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
Comm	Robert Probst	15768 NE 144 CT	FT Mc Coy Fl 32134
Sr Vice Comm	Herbert Perkins	10460 NE 148 CT	FT Mc Coy Fl 32134
Adj	John Nolting	10650 NE 142nd Pl	FT Mc Coy Fl 32134

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****420.00 ****420.00

JB 3-21-97

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name <i>Harvey T Mc Daniels</i>	
		Street Address (P.O. Box Number is Not Acceptable) <i>10035 E Hwy 316</i>	
		Suite, Apt. #, Etc.	
		City <i>Fort Mc Coy</i>	
		State <i>FL</i>	
		Zip Code <i>32134</i>	

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 *Harvey T Mc Daniels*
REGISTERED AGENT MUST SIGN

Date *2/28/97*

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: *Robert Probst*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert Probst

2/28/97 Date
1-352-236-1140 Daytime Phone #

CR2E040 (12/96)