

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

00 JAN -3 AM 10:48

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N93000004428**

1. Corporation Name
**VIETNAM VETERANS OF AMERICA, INC. CHAPTER #680
 PALM BEACH GARDEN, FLORIDA**

Principal Place of Business P.O. BOX 30606 PALM BEACH GARDENS FL 33420 33	Mailing Address P.O. BOX 30606 PALM BEACH GARDENS FL 33420 33
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REINSTATEMENT 99

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.		09/14/1993	
City & State		City & State		5. FEI Number	
Zip		Country		65-0435755	
				Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED					

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD/D	BELL, JEREMIAH	10181 WILLIAM DR P.O. BOX 291	HOBE SOUND FL 33455
	SEKOME S. HARDING	6701 MALLARDS COVE RD 9E	JUPITER, FL 33458
VP	GARCHIA, CARL	12263 HILLMAN DR	PALM BEACH GARDENS FL 33410
T	GOODSELL, MARK	6701 MALLARDS COVE RD 100	JUPITER FL 33458
	SEKOME S. HARDING	6701 MALLARDS COVE RD 9E	JUPITER, FL 33458
S/D	THOMPSON, RAYMOND	1518 W. BREEZY LANE	W. PALM BEACH FL 33417
	SON T. HESSELBROCK	3330-B MERIDIAN WAY S.	Palm Beach Gdns, FL 33416
D/D	HARDING, JEROME S	6701 MALLARDS COVE RD APT #9E	JUPITER FL 33458
		MALLARDS	
D/D	MARC Goodell	6436B CHASEWOOD DR.	JUPITER, FL 33458

8. Name and Address of Current Registered Agent BELL, JEREMIAH 10181 S.E. WILLIAM DR P.O. BOX 291 HOBE SOUND FL 33455-0291	9. Name and Address of New Registered Agent Name SEKOME S. HARDING Street Address (P.O. Box Number is Not Acceptable) 6701 MALLARDS COVE RD APT 9E Suite, Apt. #, Etc APT 9E 400003096684--6 City JUPITER State FL Zip Code 33458
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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: *[Signature]* REGISTERED AGENT MUST SIGN Date: 14 Dec 99

11. 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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 14 Dec 99 Daytime Phone #: 561-743-8823