

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

98 MAR 13 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001850

1. Corporation Name

James A. Luckey memorial U.F.W. Post 2032

Principal Place of Business

Mailing Address

310 Garden Road
LaBelle, FL, 33935

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

Dec. 15
Sept. 1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-038-00992

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	
COM. T	CLEMONS, CHARLES R.	COMMANDER	000002458909--6
	1220 S. MAIN ST. LABELLE	1220 S. MAIN ST. LABELLE	03/17/98 01015--009
QUARTER.		4060 S. EDGEWATER	****236.25 ****236.25
MASTER	JOHNSON, CHARLES E.		LABELLE, FL 33935
SR.			5404
VIC.	ARNSTRODG, EUGENB	13226 2ND ST. S.E.	FT MYERS, FL 33905
TRUSTEE	LEO J. PYLE	H.C. 3 BOX 964H ROAD.	LABELLE, FL 33935
TRUSTEE	THERRIGEN, CALVIN	P.O. BOX 447, N/A	LABELLE, FL 33935
			000002458909--6

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Charles R. Clemons
1220 South main St.
LaBelle, FL, 33935

Name

CHARLES R. CLEMONS

Street Address (P.O. Box Number is Not Acceptable)

1220 S. MAIN ST.

Suite, Apt. #, Etc.

City

LABELLE, FL

State

FL

Zip Code

33935

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

Charles R. Clemons

REGISTERED AGENT MUST SIGN

Date 3-3-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

Charles R. Clemons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 mar, 98 941-675-4555
Date Daytime Phone #