

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 25 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000002755**

1. Corporation Name

AMERICAN LEGION LAKESHORE POST 137 INC.

000008600310
10/25/02--01109--018 **236.25

Principal Place of Business

Mailing Address

5443 SAN JUAN AVENUE
JACKSONVILLE FL 32210

5443 SAN JUAN AVENUE
JACKSONVILLE FL 32210



REINSTATEMENT 02

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

05/27/1994

Suite, Apt. #, etc. - - -

Suite, Apt. #, etc. - - -

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
T	HOFFMAN, JAMES E	314 WATSON ST	JACKSONVILLE FL
T	PHILLIPS, LLOYD A	5330 REDBAG CT	JACKSONVILLE FL
T D	GADD, DAVID M	8076 KATHY ST	JACKSONVILLE FL 32221
T D	COMPTON, JOHN R (SEAN)	5343 LEXINGTON AVE	JACKSONVILLE FL
T	WHITCOMB, PHILIP A	5238 MARLENE AVE	JACKSONVILLE FL 32210
D	EARNEST NILES	6628 HYDE GROVE AVE	JACKSONVILLE FL 32210

8. Name and Address of Current Registered Agent

COOPER, CHARLES G SR
5443 SAN JUAN AVE.
JACKSONVILLE FL 32210

PAUL A. BERG
ADJUTANT
4809 BLACK PINE CT
JACKSONVILLE FL 32210

9. Name and Address of New Registered Agent

Name

PAUL A. BERG ADJUTANT

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

4809 BLACK PINE CT

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32210

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. or 617.0505, F.S.

Signature of
Registered Agent

Paul A. Berg
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **23 OCT 02**

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:

Paul M. Sand
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

23 OCT 02 904-387-3373

Date

Daytime Phone #

CR2E040 (8/02)