

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 APR 24 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000003380

1. Corporation Name

NAPLES MEMORIAL POST NO. 7369 VETERANS OF FOREIGN
WARS OF THE UNITED STATES, INC.

Principal Place of Business

Mailing Address

2405 LINWOOD AVE
NAPLES FL 34112
US

2405 LINWOOD AVE
NAPLES FL 34112
US

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

07/05/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0463066

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 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
1/CDR	JEFFREY C. SEWELL JEFFREY C. SEWELL	3655 BOCA CIEGA DR., UNIT 314	NAPLES FL 34112
D/M	MACK, JOHN JR.	1731 REUVEN CIR 4	NAPLES FL 34112
CDR	JEFFREY C. SEWELL	3655 BOCA CIEGA DR., UNIT 314	NAPLES FL 34112
D	ROBERT M. ULRICH	1462 LA PETITE CT	NAPLES 34104

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MACK, JOHN
1731 REUVEN CIR
4
NAPLES FL 34112

Name

ROBERT M. ULRICH

Street Address (P.O. Box Numbers Not Acceptable)

1462 LA PETITE CT

Suite, Apt. #, Etc.

NA

City

NAPLES

State

FL

Zip Code

34104

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

3/18/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN J. MACK JR.

3-18-03

Date

793-7369

Daytime Phone #

CR2040 (8/02)