

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 JUL 29 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000006192

1. Corporation Name

LOTSHAW AMERICAN LEGION POST #368 INC

Principal Place of Business

19460 N HWY 441
ORANGE LAKE FL 32681
US

Mailing Address

P O BOX 668
ORANGE LAKE FL 32681
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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/19/1994

5. FEI Number

59-3270283

Applied For

Not Applicable

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
C	JEMPSON, CHARLES T JOHN SUGGS	RR 1 BOX 257 PO BOX 212	MICANOPY FL 32667 ORANGE LAKE, FL 32681
SVC	FELVER, TOM GARDEN, RAYMOND	9540 NW HWY 320 19601 NE 74TH CT	MICANOPY FL 32664 CITRA, FL 32113
C	CAPRIOTTA, FRED WALDMIRE, ROBERT E.	BOX 710 BOX 692	MCINTOSH FL 32664 MICANOPY, FL 32667
T	MCLAUGHLIN, ROBYN KUTCHER, JOSEPH	RT 2 BX 299-15 20611 2ND ST	MICANOPY FL 32667 MCINTOSH, FL 32664
T	MIZELL, BOB HITCHCOCK, GERALD H.	RT 1 BOX 600 BOX 385	MICANOPY FL ORANGE LAKE, FL 32681
T	WATKINS, JOHN ADAMS, PAUL G	P O BOX 25 BOX 27	ORANGE LAKE FL 32681 MCINTOSH, FL 32664

8. Name and Address of Current Registered Agent

CAPRIOTTA, FRED
BOX 718
MCINTOSH FL 32664

9. Name and Address of New Registered Agent

Name

SUGGS JOHN F.

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

19170 N HWY 441

Suite, Apt. #, Etc.

City

ORANGE LAKE

State

FL

Zip Code

32681

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

John F. Suggs
REGISTERED AGENT MUST SIGN

Date

6-30-02

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:

John F. Suggs JOHN F. SUGGS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-30-02
Date

(352) 591-0113
Daytime Phone #

CR2E040 (8/01)

6-30-02

DEPT OF STATE

MONIES WERE PAID FOR 2001 LAST JUNE.
FORM WAS SENT IN AND RETURNED FOR SIGNATURE.
I SIGNED FORM AND MADE ALL CORRECTIONS AND
RETURNED FORM. THE DISSOLUTION WAS SENT TO
POST. I REQUEST WAIVER OF REINSTATEMENT
FEE SINCE EVERYTHING WAS DONE ON OUR END.

THANK YOU

COMMANDER

John F. Suggs