

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
01 NOV -5 PM 2:30

DOCUMENT # **N95000001383**

1. Corporation Name

**DISABLED VETERANS EMERGENCY AID MISSION, INC.**

Principal Place of Business

311 CORY ROAD  
PENSACOLA FL 32507

Mailing Address

PO BOX 4327  
PENSACOLA FL 32507-0327

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

03/22/1995

5. FEI Number

59-3278935

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	VARAZO, NICK C	9755 SIDNEY RD	PENSACOLA FL 32507
D	IOAKIM, TODD	6010 THISDOWN DR	PENSACOLA FL 32507
D	SYKES, JERRY	3001 COBBLEWOOD LN	JACKSONVILLE FL 32225
D	KATSAROS, JOHN	1210 WINDCLIFF	MARIETTA GA 30067
D	SHEFFER, BILL	103 PINETREE CRT	PENSACOLA FL 32507
D	CANE, BRYAN	3830 BARRANCAS AVE	PENSACOLA FL 32507

8. Name and Address of Current Registered Agent

VARAZO, NICK C  
419 SOUTH NAVY BLVD.  
PENSACOLA FL 32507

9. Name and Address of New Registered Agent

Name

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

9000004699249--2

Suite, Apt. #, Etc.

City

-11/30/01-01011-023  
\*\*\*\*243.00 \*\*\*\*245.00  
State Zip Code  
FL

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

*Nick Varazo*  
REGISTERED AGENT MUST SIGN

Date 10-12-01

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:

*Nick C. Varazo* NICK C. VARAZO 10-12-01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/01)