PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2007 MAY 24 AM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-07

CR2E081 (1/07)

DOCUMENT # N96000001932

1. Corporation Name

ROBERT H. L. DABNEY POST 192, THE AMERICAN LEGION, INC.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
3130 DR MARTIN LUTHER KING BLVD.		3130 DR MARTIN LUTHER KING BLVD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: FORT MYERS, FL		City & State: FORT MYERS, FL	
Zip: 33916	Country: USA	Zip: 33916	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 04/04/1996

5. FEI Number: 65-0701296 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CHARLES HENRY, SR.

Street Address (P.O. Box Number is Not Acceptable): 1839 HENDERSON AVENUE

Suite, Apt. #, Etc.

City: FORT MYERS | State: FL | Zip Code: 33916

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: [signature] Date: 05/09/2007

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	CHARLES E HENRY SR	1839 HENDERSON AVE	FORT MYERS, FL 33916
DVP	JOSEPH TAYLOR JR	358 SW 13th ST	CAPE CORAL FL 33991
DS	DAVID DUCREE	2320 BARDEN ST	FORT MYERS FL 33916
DT	LARRY A HARRIS	703 S W 47th TERR	CAPE CORAL FL 33914
		800109219885 05/24/07--01058--022 **367.50	

10. 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 contained in Chapter 119, 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] CHARLES HENRY, SR 05/09/2007 239/745-1728

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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