

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAY 22 AM 7:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

01-02

DOCUMENT # *1196000002631*

1. Corporation Name

AMUETS Post #25 INC

2. Principal Office Address

16535 NE Hwy 301

3. Mailing Office Address

P.O. Box 39

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CITRA FL

City & State

CITRA FL

Zip

32113

Country

USA

Zip

32113

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

MAY 17, 1996

5. FEI Number

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

DANIEL J. LeBlanc

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

16535 NE Hwy 301

Suite, Apt. #, Etc.

800005694528-2

06/06/02 01035-027

*****306.25 ****306.25*

City

CITRA

State

FL

Zip Code

32113

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

Daniel J. LeBlanc

REGISTERED AGENT MUST SIGN

Date *5/17/2002*

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
<i>DST</i>	<i>DANIEL J. LEBLANC</i>	<i>16535 NE Hwy 301</i>	<i>CITRA FL 32113</i>
<i>DL</i>	<i>NICHOLAS R. ST. CLAIR</i>	<i>16535 NE Hwy. 301</i>	<i>CITRA FL. 32113</i>
<i>DP</i>	<i>Donald R. Griffiths</i>	<i>13908 SE 17th Ave</i>	<i>Hawthorne 32640</i>

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 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:

Daniel J. LeBlanc

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/17/2002

Daytime Phone #

CR2E081 (9/01)