2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT

DOCUMENT # N9600002828 1. Entity Name HARRY F. NESBITT AUXILIARY TO POST NO 10087, LADIES AUXILIARY TO THE VETERANS OF FOREIGN						ILED	n ()		
WARS OF		ANS OF FOREIGN		TITE	04 OC	T 28 AM 10:	UU		
Principal Place 11 NEW FLOI BEVERLY HIL 2170	465 DAVIS ST	oFL.		ETARY OF STA HASSEE, FLOI	TÉ RIDA 1888 DE DOTE				
	LY HILLS, FL. 344 VETS LANE	465 BEVERL	Mailing Address						
<u> </u>		15 N. DAVIS ST. Suite, Apt. #, etc.		40000004		MM			
Suite, Apt. #, etc.				10222004 REIN-NP	CR2E099 (6/04)				
BEVERBY HILLS, FL.		BEVERLY.HILLS, FL.			4. FEI Number 59-2040018	- /	Applied for Lands		
34465	CTT RUS	34465	ETTRUS	3	5. Certificate of Status Desired	X \$8.75 A			
	6. Name and Address of Current	Registered Agent		10010000	7. Name and Address of New	Registered Agent			
WILLARD.	GERTRUDE MATA	enferda ^T Feas	Name	NamaBettie Ringwood					
3868 W DO	OUGLAFIR CIR Rever	y Hilks, Fl.	Street	Address (PO Box Number is Not Acceptab	de)			
BEVERLY	HILLS, FL 34465	34465		700042285357					
			Bev	rerly	Hills, Fl.	FL 3年年	85		
8. The above	named entity submits this statement for	r the purpose of changing its	registered office	or register	ed agent, or com in the State of E	iolida i am familiar wi	h, and accept		
the obligations of registered agent. 10/28/0401050010 **245, 08									
SIGNATURE		Bet	te Ling	woo	C. Bres. (Verher	26,2004			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algorithms required when releaseding) DATE									
·	organic, types of printed falling to register of agent	and title if applicable. (NOT)	:: Flegistered Agent sig	neture requir	ed when reinstating)	DATE /			
	FILE NOW!!! FEE IS \$236.25 anuary 1, 2005, Fee will be \$297.		E: Flegistered Agent sig	mature requir	The state of the s	Make check payable orida Department of	to State		
	FILE NOWIII FEE IS \$236.25	.50			FIGURE ADDITIONS/CHANGES TO OFFICE	orida Department of	State		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bettie Lingwood Oct	. 20-04	352-746-4933
SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #