

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 OCT 28 PM 5:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000001383

1. Corporation Name

"LOFTON, MILLER, JACKSON" AMERICAN LEGION POST
322 INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 1362
LAKE CITY FL 32056

POST OFFICE BOX 1362
LAKE CITY FL 32056

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

03/07/1997

5. FEI Number

59-3430310

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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	HARRIS, ENNIS	330 SO MONTROSE ST	LAKE CITY FL 32055
D	PERRY, HAROLD	190 WEST THOMPSON ST	LAKE CITY FL 32055
D	DAVIS, JOHN H	621 E ESCAMBIA ST.	LAKE CITY FL 32055
			200003039852--1 -11/09/99--01068--019 *****236.25 *****236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DAVIS, JOHN H
EAST WASHINGTON ST.
LAKE CITY FL 32055

Name

ERIC HARCINGTON

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

1040 SHAW CIRCLE

Suite, Apt. #, Etc.

City

LAKE CITY

State

FL

Zip Code

32055

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

REGISTERED AGENT MUST SIGN

Date 10/25/99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #