

PLEASE READ ALL INSTRUCTIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JUL 29 AM 10:08

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000001383

1. Corporation Name

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

900158928979
07/27/09--01040--014 **500.00

900158928979
07/27/09--01040--015 **42.50 KS

REINSTATEMENT 04-09

2. Principal Office Address - No P.O. Box #

367 NE Bonds ST

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 1362

Suite, Apt. #, etc.

City & State

Lake City FL

City & State

Lake City FL

Zip

32055

Country

Columbia

Zip

32056

Country

Columbia

**4. Date Incorporated or Qualified
To Do Business in Florida**

7-22-09

5. FEI Number

593430310

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

PAUL ANDERSON

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

367 NE BONDS ST.

Suite, Apt. #, Etc.

City

Lake City FL

State

FL

Zip Code

32055

☒ 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

Paul Anderson

REGISTERED AGENT MUST SIGN

Date

7-22-09

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
1st vice	Clarence Tucker	1356 NE Washington ST	Lake City FL 32055
2nd vice	Paul Anderson	130 NE Marion CT	Lake City FL 32055
	Eric Harrington	PO Box 1362	Lake City FL 32056

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:

Clarence Tucker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 22 2009
Date

Daytime Phone #

386-697-3105
386-752-9988