

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUN 28 PM 1:56

DATE
JUN 28 2006

200077135952
07/07/06--01021--006 **673.75

DOCUMENT # 797000004959

1. Corporation Name
**AVON PARK VETERANS HONOR GUARD
INC.**

2. Principal Office Address

1301 W. BELL STREET

Suite, Apt. #, etc.

3. Mailing Office Address

1301 W. BELL ST.

Suite, Apt. #, etc.

City & State

AVON PARK FL.

City & State

AVON PARK FL

Zip

33825

Country

HIGHLANDS

Zip

33825

Country

HIGHLANDS

REINSTATEMENT 1999-2006

4. Date Incorporated or Qualified
To Do Business in Florida

09/02/1997

5. FEI Number

03-0595504

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

John D Nettles Jr.

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

3509 DOLPHIN DR.

Suite, Apt. #, Etc.

City

Sebring Fla.

State

FL

Zip Code

33870

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

John D Nettles Jr.

REGISTERED AGENT MUST SIGN

Date **6/13-06**

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
COMM	RON E. KELLY	110 SOUTHLAND COURT	AVON PARK, FL, 33825 3063
1 st VICE	JOHN D. NETTLES, JR.	3509 DOLPHIN DRIVE	SEBRING FL, 33870
2 nd VICE	JIM BIVENS	3308 VALENTI BLVD.	SEBRING FL, 33870
QUARTERMASTER	ANN KIRWIN	1010 CASTLE HILL APTS.	AVON PARK FL, 33825
ADJ	VIVIAN HUTCHISON	3509 DOLPHIN DRIVE	SEBRING FL, 33870
SECDY ARM	HUBERT ARD	9952 N. HAMMOCK RD	ZOLFOR SPRINGS FL, 33870

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:

Ron E. Kelly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/13/2006 8634961265

Date

Daytime Phone #