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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		<p>07 JAN 12 PM 12:05</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>																													
<p>DOCUMENT # N97000005240</p>																																	
<p>1. Corporation Name Allied Veterans of the World Womens Auxiliary Post No. 6 Inc </p>																																	
<p>2. Principal Office Address 1965 State Rd 16 Suite, Apt. #, etc. </p>		<p>3. Mailing Office Address PO Box 844 Suite, Apt. #, etc. </p>		<p>\$621.25</p> <p>900085636799 01/23/07--01003--023 **953.75</p>																													
<p>City & State St. Augustine, FL Zip: 32084 Country: USA </p>		<p>City & State Yulee, FL Zip: 32041 Country: USA </p>		<p>REINSTATEMENT</p>																													
<p>4. Date Incorporated or Qualified To Do Business in Florida 9/1997</p>																																	
<p>5. FEI Number 59-3477578</p>				<p>Applied For Not Applicable</p>																													
<p>6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>																																	
<p>7. Name and Address of Current Registered Agent</p> <p>Name: <u>Johnny Duncan</u></p> <p>Street Address (P.O. Box Number is Not Acceptable): <u>1965 State Rd 16</u></p> <p>Suite, Apt. #, Etc.:</p> <p>City: <u>St. Augustine</u> State: <u>FL</u> Zip Code: <u>32084</u></p>																																	
<p>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.</p> <p>Signature of Registered Agent: <u>[Signature]</u> Date: <u>01/12/07</u></p> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>																																	
<p>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Titles</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>P</td> <td>Johnny Duncan</td> <td>1965 SR 16</td> <td>St. Augustine, FL 32084</td> </tr> <tr> <td>V/S</td> <td>Jacob Quigley</td> <td>6785 Magnolia Ln</td> <td>St. Augustine, FL 32086</td> </tr> <tr> <td>T</td> <td>Vicky Sanchez</td> <td>47 Bracken Ln</td> <td>Palm Coast, FL 32137</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>						Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	P	Johnny Duncan	1965 SR 16	St. Augustine, FL 32084	V/S	Jacob Quigley	6785 Magnolia Ln	St. Augustine, FL 32086	T	Vicky Sanchez	47 Bracken Ln	Palm Coast, FL 32137												
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<p>10. I certify that, 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.</p>																																	
<p>SIGNATURE: <u>[Signature]</u> <u>01/12/07</u> <u>904 669-5426</u></p> <p style="text-align: center;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</p>																																	

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Allied Veterans of the World, Inc

Johnny Duncan, National Commander

1965 State Road 16 • St. Augustine, FL. 32084

Tel. (904) 826-0177

January 11, 2007


State of Florida Department of State
Division of Corporations
Tallahassee, Florida 32314

To Whom It May Concern:

Please be advised that no officer of Allied Veterans Post 6 (Document #N97000005238) or Post 6 Auxiliary (Document #N97000005240), nor myself, receive written notice to file the yearly Annual Report. We would like to reinstate both of the above named corporations, and in light that we did not receive the notice to file annual reports, request that the \$175.00 fee be waived for both named entities.

We appreciate your understanding and attention in this matter

Thank You
Johnny Duncan


National Commander
Allied Veterans of the World

Did not Receive Renewal cards for 1998 - 2007
for N97000005240