PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 DEC 31 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000000783

1. Corporation Name
NAVY LEAGUE, ~~OF THE U.S~~ INC.
KEY WEST Council INC.
W01000023954

REINSTATEMENT

2. Principal Office Address	**3.** Mailing Office Address
1114 WHITE ST	PO Box 6314
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: KEY WEST FL	City & State: KEY WEST, FL.
Zip: 33040 Country: USA	Zip: 33040 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 2/11/98

5. FEI Number: 65-0796310 ☐ 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: DAVID J. PFENT
Street Address (P.O. Box Number is Not Acceptable): 1114 WHITE ST
Suite, Apt. #, Etc.: 7
City: KEY WEST, FL 33040 State: FL Zip Code: 33040

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****350.75 ****350.75

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: David J Pfent
REGISTERED AGENT MUST SIGN
Date: 10/3/01

CR2E061 (9/00)

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
P D Pres	Joe Mather D	3229 FLAGLER Ave #202	Key West, FL 33040
V-Pres D	Ron Demes D	182 VENETIAN WAY	SUMMERLAND FL 33042
Treas D	DAVID V. PFENT D	1114 WHITE ST	KEY WEST, FL

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 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: Joseph W Mather PRES 10/3/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #