

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2001
APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N98000001758

1. Corporation Name

ALLIED VETERANS OF THE WORLD, INC: & AFFILIATES
POST NO. 5 INC.

Principal Place of Business

Mailing Address

2015 N. KINGS RD.
HILLIARD FL 32046

2015 N. KINGS RD.
HILLIARD FL 32046

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

FILED
01 NOV 1998 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03/30/01 903/4 017 #70

4. Date Incorporated or Qualified
To Do Business in Florida

03/25/1998

5. FEI Number

59-3478009

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
T	DUNCAN, ANDREW FOREHAND, WILLIAM R.	1000 EASTWOOD RD., APT. E2 541522 U.S. Hwy #1	HILLIARD FL 32046
VT	BASS, JERRY	1000 EASTWOOD RD., APT. E2	HILLIARD FL 32046
ST	DONOVAN, ROBERT	8604 GRAY BAR DR.	JACKSONVILLE FL 32221

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DUNCAN, ANDREW
1000 EASTWOOD RD., APT. E2
HILLIARD FL 32046

Name

WILLIAM R. FOREHAND

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

541522 U.S. Hwy #1

Suite, Apt. #, Etc.

City

HILLIARD

State

FL

Zip Code

32046

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

10-27-01

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

10-27-01

Daytime Phone #

845-4871

CR2E040 (8/01)