

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 MAR 26 AM 10:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N98000002027

1. Corporation Name

MANDARIN AMERICAN LEGION POST 372, INC.

Principal Place of Business

Mailing Address

4517 CROSSTIE RD. NORTH  
JACKSONVILLE FL 32257

PO BOX 23411  
JACKSONVILLE FL 32241

12921 JULINGTON FOREST  
DRIVE WEST  
JACKSONVILLE, FL 32258

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

12921 JULINGTON FOREST DR W

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

Zip 32258-3454

Country JHVAL

Zip Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/08/1998

5. FEI Number

59-3375934

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DIR	<del>CHESSA, WALT</del> PHILIP B. WELCH	<del>4517 CROSSTIE RD. NORTH</del> 12921 JULINGTON FOREST DR W	JACKSONVILLE FL 32257 32258
DIR	<del>SMITH, GARY D</del> FRED HONEYMAN	<del>11841 MANDARIN RD</del> 3381 CHEYENNE LANE	JACKSONVILLE FL 32223
DIR	<del>PAFAS, JAMES S</del> JOE NOLAN	<del>10870 CHESAPEAKE LN W</del> 183 18TH AVE, NORTH	JACKSONVILLE FL 32257 JACKSONVILLE BEACH FL 32250
<input checked="" type="checkbox"/>	<del>MAGMASTERS, DAVID</del>	<del>14506 BASILHAM LN</del>	<del>JACKSONVILLE FL 32258</del>
<input checked="" type="checkbox"/>	<del>JOHNSON, LLOYD</del>	<del>7800 BLAKEFORD MILL LN</del>	<del>JACKSONVILLE FL 32256</del>
<input checked="" type="checkbox"/>	<del>TORRES, FRANK</del>	<del>5201 HEATHWOOD GBL TER</del>	<del>JACKSONVILLE FL 32257</del>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CHESSA, WALT  
4517 CROSSTIE RD. NORTH  
JACKSONVILLE FL 32257

PHILIP B. WELCH

Name PHILIP B. WELCH  
Street Address (P.O. Box Number is Not Acceptable)  
12921 JULINGTON FOREST DR. W.  
Suite, Apt. #, Etc.

City JACKSONVILLE

State FL

Zip Code 32258

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

1/6/03

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  
PHILIP B. WELCH

Date

1/6/03

Daytime Phone #

904.608.0223