

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.

REINSTATEMENT 02-03



100009948471  
01/08/03--01007--009 \*\*306.25

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.

4. Date Incorporated or Qualified  
To Do Business in Florida

04/08/1998

Suite, Apt. #, etc.

5. FEI Number

59-3375934

Applied For

City & State  
JACKSONVILLE FL

City & State

Not Applicable

Zip  
32258-3454

Country  
USA

Zip Country

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 <del>32257</del> 32258
DIR	<del>SMITH, GARY D</del> FRED HONEYMAN	<del>11841 MANDARIN RD</del> 3391 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>5291 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~~ **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~~ **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
PHILIP B. WELCH

Date

Daytime Phone #

1/6/03

904.409.0233

CR2E040 (8/02)