

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N 98000002187 (Inactive)

1. Corporation Name

U.S. Veteran's Corporation

2. Principal Office Address - No P.O. Box #

5561 NW 191ST PL.

Suite, Apt. #, etc.

City & State

Orange Lake, Florida

Zip

32681

Country

USA

3. Mailing Office Address

P.O. Box 215

Suite, Apt. #, etc.

City & State

Orange Lake, Florida

Zip

32681

Country

USA

REINSTATEMENT 1999-07

000104065280
08/07/07--01041--004 **726.00

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

April 15, 1998

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

7. Name and Address of Current Registered Agent

Name

FRANK V. Russell

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

5561 NW 191ST PL.

Suite, Apt. #, Etc.

P.O. Box 215

City

Orange Lake

State

FL

Zip Code

32681

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

Frank V. Russell

REGISTERED AGENT MUST SIGN

Date 6/5/07

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 |
|--------|--------------------------------------|---------------------------------------------------|--------------------------|
| Pres. | FRANK V. Russell | 5561 NW 191 ST PL. | Orange Lake / FL / 32681 |
| CEB | | | |
| VICE | Mc CLANE Russell | 19200 NW 54 TH CT. | Orange Lake / FL / 32681 |
| PRES. | | | |
| CFO | William G. JAMES | 5580 NW 193 RD ST. | Orange Lake / FL / 32681 |
| SEC. | | | |
| Dir. | Carl P. Stoll | 17685 NE 16 TH Ter. | Citra / FL / 32113 |
| | | | |
| Dir. | Donnie Perkins | 2713 E. HWY 329 | Antony / FL / 32617 |
| | | | |
| Dir. | Benson C. McCreary | 4801 23 rd Ave. SW | Naples / FL / 34116 |

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 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.

SIGNATURE:

Frank V. Russell

6/5/07

Date

(352) 591-0259
591-9685

Daytime Phone #

26/21