


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>  <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS		FILED 06 MAR -8 AM 9:39 SECRETARY OF STATE TALLAHASSEE, FLORIDA 700067976937 03/16/06--01021--006 **61.25 CR2E081 (12/05)	
<b>DOCUMENT # N98000005220</b>			
<b>1. Corporation Name</b> MEMORIAL POST NO. 241, INC. THE AMERICAN LEGION DEPT. OF FLORIDA			
<b>2. Principal Office Address</b> 2101 Legion Rd Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> P.O. Box 671 Suite, Apt. #, etc.	
<b>City &amp; State</b> SNEADS, FL Zip 32460 Country USA		<b>City &amp; State</b> SNEADS, FL Zip 32460 Country USA	
<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 9-14-98		<b>5. FEI Number</b> 59-6200371	
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
<b>7. Name and Address of Current Registered Agent</b>			
Name <u>Guy R EDWARDS</u> Street Address (P.O. Box Number is Not Acceptable) <u>7585 WEDDINGTON RD</u> Suite, Apt. #, Etc. City <u>SNEADS</u> State <u>FL</u> Zip Code <u>32460</u>			
<b>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.</b> Signature of Registered Agent <u>Guy R Edwards</u> Date <u>MAR 6, 2006</u> REGISTERED AGENT MUST SIGN			
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
AD	Guy R EDWARDS	7585 WEDDINGTON RD	SNEADS, FL 32460
FOD	WALTER G. EDWARDS	7937 Old Spanish Tr	SNEADS, FL 32460
VC	WALTER HARRISON	7766 Woodlawn Dr	GRAND RIDGE, FL 32442
C	AARON EDENFIELD	6776 Highway 90	GRAND RIDGE, FL 32442
T	DILLON KILPATRICK	2250 KILPATRICK LN	SNEADS, FL 32460
MAR 3/13			
<b>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.</b>			
<b>SIGNATURE:</b> <u>Guy R Edwards</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>MAR 6, 2006</u> <u>850-593-6877</u> Date Daytime Phone #	