

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 25 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N99000002849**

1. Corporation Name

**VIETNAM VETERANS OF AMERICA
CHAPTER 831**

REINSTATEMENT W-09

2. Principal Office Address

4650 Knoxville Ave.

Suite, Apt. #, etc.

City & State

Cocoa Fla.

Zip

32926

Country

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

600030946246
03/23/04--01097--029 **481.25

4. Date Incorporated or Qualified
To Do Business in Florida **05-07-1999**

5. FEI Number
593625026

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

William P. Chapman

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

4650 Knoxville Ave.

Suite, Apt. #, Etc.

City

Cocoa

State
FL

Zip Code
32926

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

William P. Chapman
REGISTERED AGENT MUST SIGN

Date **17 March 2004**

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
P-D	William P. Chapman	4650 Knoxville Ave.	Cocoa, FL 32926
V-D	Henry Borneman	4650 Knoxville Ave.	Cocoa FL 32926
T-D	James A. Peterman	4650 Knoxville Ave.	Cocoa FL 32926
S-D	Alberto Diaz	4650 Knoxville Ave.	Cocoa FL 32926

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 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:

William P. Chapman President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

17 March 2004 321-403-4518

CR2E081 (10/02)