

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 21 PM 3:57

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| DOCUMENT # N99000005677 1. Entity Name DISABLED AMERICAN VETERANS DELRAY BEACH CHAPTER 152, INC. |  |
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| Principal Place of Business SOUTH COUNTY CIVIC CENTER 16700 JOG RD DELRAY BEACH, FL 33446 | Mailing Address 14894 WILDFLOWER LN DELRAY BEACH, FL 33446-2995 |
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REINSTATEMENT

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| 2. Principal Place of Business P.O. BOX 8045 Suite, Apt. #, etc. | 3. Mailing Address 15299 IXORA RD. Suite, Apt. #, etc. |
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10172005 REIN-NP CR2E099 (6/04)

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| City & State DELRAY BEACH, FL. | City & State DELRAY BEACH, FL. | 4. FEI Number 26-7090617 | Applied For Not Applicable |
| Zip 33482 | Country USA | Zip 33484 | Country USA |

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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent COMRAS, PETER L DR 14894 WILDFLOWER LN DELRAY BEACH, FL 33446-2995 | 7. Name and Address of New Registered Agent Name GLENN STAHL, COMMANDER Street Address (P.O. Box Number is Not Acceptable) 15299 IXORA RD. City DELRAY BEACH, FL Zip Code 33484 |
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Glenn Stahl* DATE 10-17-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$61.25 After January 1, 2006, Fee will be \$122.50 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | Make check payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KRASNER, NORMAN 13773 VIA AURORA, APT B DELRAY BEACH, FL 33484 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR GLENN STAHL 15299 IXORA RD. DELRAY BEACH, FL. 33484 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GOLDGEIER, LARRY 18771 STEWART CIRCLE, APT 4 BOCA RATON, FL 33496 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR GERALD WEISS 6240 STANLEY LANE DELRAY BEACH, FL. 33484 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FINER, ALLEN 5803 ISLAND REACH LN BOYNTON BEACH, FL 33437 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR MITCH MITNICK 15355 LAKES OF DELRAY BLVD.# 101 DELRAY BEACH, FL. 33484 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D COMRAS, PETER L DR 14894 WILDFLOWER LN DELRAY BEACH, FL 33446 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR MARTIN NUNBERG 6027 DUSENBURG RD. DELRAY BEACH, FL. 33484 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 700060858187 10/21/05--01038--011 ***70.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver, trustee or empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Glenn Stahl* DATE 10-17-05 DAYTIME PHONE # 561-495-0011

Signature and typed or printed name of signing officer or director Date Daytime Phone #