

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 21 PM 3:57

DOCUMENT # N99000005677

1. Entity Name
DISABLED AMERICAN VETERANS DELRAY BEACH
CHAPTER 152, INC.



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

REINSTATEMENT 05



2. Principal Place of Business
P.O. BOX 8045
Suite, Apt. #, etc.

3. Mailing Address
15299 IXORA RD.
Suite, Apt. #, etc.

10172005 REIN-NP CR2E099 (6/04)

City & State
DELRAY BEACH, FL.
Zip 33482 Country USA

City & State
DELRAY BEACH, FL.
Zip 33484 Country USA

4. FEI Number
26-7090617
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

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

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*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 10-17-05

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

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete
NAME KRASNER, NORMAN
STREET ADDRESS 13773 VIA AURORA, APT B
CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE D ☒ Delete
NAME GOLDGEIER, LARRY
STREET ADDRESS 18771 STEWART CIRCLE, APT 4
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE D ☒ Delete
NAME FINER, ALLEN
STREET ADDRESS 5803 ISLAND REACH LN
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE D ☒ Delete
NAME COMRAS, PETER L DR
STREET ADDRESS 14894 WILDFLOWER LN
CITY-ST-ZIP DELRAY BEACH, FL 33446

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DIRECTOR ☒ Change ☐ Addition
NAME GLENN STAHL
STREET ADDRESS 15299 IXORA RD.
CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE DIRECTOR ☒ Change ☐ Addition
NAME GERALD WEISS
STREET ADDRESS 6240 STANLEY LANE
CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE DIRECTOR ☒ Change ☐ Addition
NAME MITCH MITNICK
STREET ADDRESS 15355 LAKES OF DELRAY BLVD. #101
CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE DIRECTOR ☒ Change ☐ Addition
NAME MARTIN NUNBERG
STREET ADDRESS 6027 DUSENBURG RD.
CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE ☐ Change ☐ Addition
NAME 700060858187
STREET ADDRESS 10/21/05--01038--011
CITY-ST-ZIP **70.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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*
Signature and typed or printed name of signing officer or director

10-17-05 561-495-0011
Date Daytime Phone #