

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR -2 AM 11:29

DOCUMENT # N99000005880

1. Corporation Name

Amlets Post #28 of Hernando
County, FL

2. Principal Office Address

P.O. Box 15242

Suite, Apt. #, etc.

City & State

Brooksville FL

Zip

34604

Country

U.S.

3. Mailing Office Address

11100 Lynden Dr

Suite, Apt. #, etc.

City & State

Spring Hill FL

Zip

34609

Country

U.S.

**4. Date Incorporated or Qualified
To Do Business in Florida**

3-3-98

5. FEI Number

59-3495301

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

James Johnson

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

11100 Lynden Dr

Suite, Apt. #, Etc.

City

Spring Hill

State
FL

Zip Code

34609

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

James N Johnson

REGISTERED AGENT MUST SIGN

Date 2-27-01

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
	<u>SEE ATTACHED</u>		

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:

James N Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-27-01

Daytime Phone #

352-683-3871

CR2E081 (9/00)

AMVETS Post #28

LIST OF OFFICERS:

Commander: James Johnson
11100 Linden Dr.
Spring Hill, Fl. 34609
352-683-3871

1st. VICE COMMANDER: William V. Morrissey
4446 Watt Ave.
Spring Hill, Fl. 34609
352-686-6990

2nd. VICE COMMANDER: Arvid "Gene" Hanna
8501 Fleet Way
Brooksville, Fl. 34613
phone unlisted

TREASURER: Mary Ann Keckler
2023 Belmar Ave.
~~Spring Hill, Fl.~~
352-686-5320

JUDGE ADVOCATE: William H. Hobbaugh
25013 Hayman Rd.
Brooksville, Fl. 34602
352-799-3317

CHAPLAIN: Hugh Ned Green
10268 Heathcliff St.
Spring Hill, Fl. 34609
352-688-9046

ADJUTANT: Janet M. Parker
9007 Spring Hill Dr.
Spring Hill, Fl. 34608
352-686-7160

ONE YEAR TRUSTEE: Michael Robinson
1406 Deltona Blvd.
Spring Hill, Fl. 34606
352-666-2694

TWO YEAR TRUSTEE: John Martin
259 Howell Ave.
Brooksville, Fl. 34601
352-684-0182

THREE YEAR TRUSTEE: John Ruggerio
4477 Daston St.
Spring Hill, Fl. 34613
352-596-5514

PROVOST MARSHALL: