

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 NOV 22 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 94000071971 (3)

1. Corporation Name

FLORIDA VFW ASSISTANCE PROGRAM CORP.

2. Principal Office Address

543 NE SANCHEZ AVE.

Suite, Apt. #, etc.

City & State

OCALA FL

Zip

34470

Country

3. Mailing Office Address

2423 E. 57TH STREET

Suite, Apt. #, etc.

City & State

LOS ANGELES CA

Zip

90058

Country

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

9/30/1994

5. FEI Number

59-3278226

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02

7. Name and Address of Current Registered Agent

Name

KIRSOP, WILLIAM R.

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

543 N.E. SANCHEZ AVE.

Suite, Apt. #, Etc.

City

OCALA

State
FL

Zip Code

34470

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

x W.R. Kirsop

Date 11/20/02

REGISTERED AGENT MUST SIGN

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
PRESID	TITUS MATHEW	1417 WEST LAKE DR	CHANDLER AZ 85248
DST	SILVIA ARVAYO	19101 MYSTIC POINT TOWER 200 #	AVENTURA FL 33180

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:

Silvia Arvayo

SILVIA ARVAYO

11/19/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

gs 11/26