

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS																									
DOCUMENT # P94000071971		FILED 04 JUN 14 PM 1:56 SECRETARY OF STATE TALLAHASSEE, FLORIDA																									
1. Corporation Name FLORIDA VFW ASSISTANCE PROGRAM CORP.		REINSTATEMENT 03-04																									
Principal Place of Business 543 NE SANCHEZ AVE OCALA FL 34470		Mailing Address P.O. BOX 655 HALLANDALE FL 33009 CORONA CA 92878																									
If above addresses are incorrect in any way, line through incorrect information and enter correction below.																											
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																									
City & State		City & State																									
Zip		Zip																									
Country		Country																									
		CA 92878																									
		92878																									
4. Date Incorporated or Qualified To Do Business in Florida 09/30/1994																											
5. FEI Number 59-3278226																											
Applied For Not Applicable																											
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status																											
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)																											
<table border="1"><thead><tr><th>Title(s)</th><th>Name of Officers and/or Directors</th><th>Street Address of Each Officer and/or Director</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>P</td><td>TITUS MATHEW</td><td>1417 WEST LARK DR</td><td>CHANDLER AZ 85248</td></tr><tr><td>DST</td><td>SILVIA ARVAYO</td><td>6344 1/2 ORANGE AVE 19101 MYSTIC POINT TOWER 200 # 1209</td><td>CYPRESS CA Aventura FL 33180</td></tr><tr><td></td><td></td><td></td><td>800037720458 06/07/04--01029--019 **182.00</td></tr><tr><td></td><td></td><td></td><td>800037720458 06/07/04--01029--020 **600.00</td></tr><tr><td></td><td></td><td></td><td>10/02/03 01067 001 \$128.75</td></tr></tbody></table>				Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	P	TITUS MATHEW	1417 WEST LARK DR	CHANDLER AZ 85248	DST	SILVIA ARVAYO	6344 1/2 ORANGE AVE 19101 MYSTIC POINT TOWER 200 # 1209	CYPRESS CA Aventura FL 33180				800037720458 06/07/04--01029--019 **182.00				800037720458 06/07/04--01029--020 **600.00				10/02/03 01067 001 \$128.75
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8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent																									
KIRSOP, WILLIAM R. 543 N.E. SANCHEZ AVENUE OCALA FL 34470		Name W Benny Bachand Street Address (P.O. Box Number is Not Acceptable) 540 NE Sanchez Ave. Suite, Apt. #, Etc. City OCALA State FL Zip Code 34470																									
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.																											
Signature of Registered Agent W. Benny Bachand		Date June 4, 2004																									
11. 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: SIGNATURE OF TITUS MATHEW		Date 4/28/04																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #																									

CR20040 (7/03)