


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APR 25 2006

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
06 APR 28 PM 4:00  
TALLAHASSEE, FL

DOCUMENT # P940000071971

1. Corporation Name  
FLORIDA VFW ASSISTANCE PROGRAM CORP.

800074530068  
05/12/06--01061--027 \*\*900.00

2. Principal Office Address 543 NE SANCHEZ AVE		3. Mailing Office Address 90 C.V. VASANI	
Suite, Apt. #, etc.		Suite, Apt. #, etc. PO BOX 655	
City & State OCALA FL		City & State CORONA CA	
Zip 34470	Country	Zip 92878	Country

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida 5/30/1994	
5. FEI Number 59-3278226	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name  
BENNY BACHAND

Street Address (P.O. Box Number is Not Acceptable)  
543 NE SANCHEZ AVE.

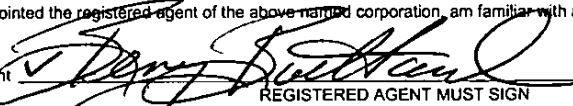
Suite, Apt. #, Etc.

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  Date 4/26/2006

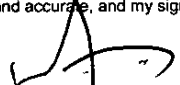
REGISTERED AGENT MUST SIGN

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
P	TITUS MATHEW	1417 WEST LARK DR	CHANDLER AZ 85248
S	SILVIA ARVAYO	19101 MYSTIC POINT TOWER 200 #1209	AVENTURA FL 33180
D	C.V. VASANI	1120 VIA LE BRISSE LN	CORONA CA 92882

RESTATEMENT 05-06

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 contained in Chapter 119, 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:  C.V. VASANI 3/20/06 951-258-9595

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #