


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 DEC 10 PM 4:00

DOCUMENT # N95000000354

1. Corporation Name AMVETS Post 92, Inc.

2. Principal Office Address
 2087 NE Dixie Hwy.

3. Mailing Office Address
 P.O. Box 2272

REINSTATEMENT

98-01

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Jensen Beach, FL

City & State
 Jensen Beach, FL

4. Date incorporated or Qualified
 To Do Business in Florida 01/25/1995

Zip
 34957

Country
 USA

Zip
 34958

Country
 USA

5. FEI Number 65-0557543
 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
 Arthurs A. Smaga

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

Suite, Apt. #, Etc.

City
 Fort Pierce

600004741146-1
 -12/27/01-01035-028
 *****428.75 *****428.75

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 *Arthurs A. Smaga* Date 11/29/01
 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
Cmdr	Arthurs A. Smaga (D)	136 Plantation Blvd	Fort Pierce, FL 34982
1st Vice	Edward S. Muraski (D)	2238 NE Sunny Acres Way	Jensen Beach, FL 34957
2nd Vice	Sandra Teilmli (D)	37 NE 16th Terrace	Stuart, FL 34994

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: *Arthurs A. Smaga* Arthurs A. Smaga Date 11/29/01 (561) 460-8221
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CORPORATE (12/01)