

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

Amended

FILED

03 AUG -8 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N95000000754*

1. Corporation Name
AMVETS POST 92, Inc.

2. Principal Office Address
2087 N.E. Dixie Hwy.

3. Mailing Office Address
P.O. BOX 2272

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Jensen Bch., Fla.

City & State
Same

Country
Martin

Country

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

5. FEI Number

Applied For

65-0557543

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
Dante Pierandozzi

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

Suite, Apt. #, Etc.

100022179241
08/08/03--01076--001 **70, 110

City
Jensen Beach, Fla.

State
FL Zip Code
34957

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

REGISTERED AGENT MUST SIGN

Date 7/15/03

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
	Comm. Dante Pierandozzi	22 Almond St.	Jensen Beach, Fla. 349577
	1 St. Vice Edgar Delangis	2220 S.E. Gaslight St.	Port St. Lucie, Fla. 34957
	2 nd. Vice James Murphy	10600 So. Ocean Dr.	Jensen Beach, Fla. 34957

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

Dante F. Pierandozzi
DANTE F. PIERAN^{dozzi} 7/15/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DANTE F. PIERANDOZZI

CR02011 (9/00)