

112

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 MAY 27 AM 9:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


REINSTATEMENT

700130260527  
05/27/08--01005--014 \*\*183.75

CR2E081 (12/07)

*duos*  
*[Signature]*

**CORPORATION REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 736482**

1. Corporation Name  
**FRATERNAL ORDER OF EAGLES LAKE WORTH AERIE #3694 INC.**

2. Principal Office Address - No P.O. Box # <b>2101 LAKE WORTH RD</b>		3. Mailing Office Address <b>PO Box 6647</b>	
Suite, Apt. #, etc. <b>PO BOX 6647</b>		Suite, Apt. #, etc.	
City & State <b>LAKE WORTH FL. 33461</b>		City & State <b>LAKE WORTH FL</b>	
Zip <b>33461</b>	Country <b>U.S.A</b>	Zip <b>33466</b>	Country <b>Palm Beach</b>

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number <b>51-0193468</b>	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
**BAHR, EDWARD J JR.**

Street Address (P.O. Box Number is Not Acceptable)  
**2970 ASHLEY DR. E.**

Suite, Apt. #, Etc.  
**VILLA D.**

City  
**WEST PALM BEACH**

State  
**FL**

Zip Code  
**33415**

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 *[Signature]* Date **5/19/08**

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	NEIL H KAMPEN	1500 LUCERNAVE, LAKE WORTH	FLORIDA 23460
S	EDWARD J BAHK	2970 ASHLEY DRIVE E. VILLAD	WEST PALM BEACH FL 33415
G	RONALD W BAHK	2452 LENA LANE	W.P.B FL 33415
M	WILLIAM A SAWYER	3533 WILLIAMS STREET	LAKE PARK FL 33403
T	RICHARD SOTHEN	2457 GABRIEL LANE	W.P.B. FL 33405
T	BOB WRIGHT	102 LISA LANE	LAKE WORTH FL 33463

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: *[Signature]* **ED BAHK SEC** Date **5/19/08** 586-5333  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

2/2

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"Additional officer"

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 736482

1. Corporation Name  
FRATERNAL ORDER OF EAGLES LAKE WORTH  
AERIE #3644 INC

2. Principal Office Address - No P.O. Box # 2101 LAKE WORTH RD Suite, Apt. #, etc. PO BOX 6647		3. Mailing Office Address PO BOX 6647 Suite, Apt. #, etc.	
City & State LAKE WORTH FLORIDA		City & State LAKE WORTH FL	
Zip 33461	Country U.S.A.	Zip 33466	Country

CR2E081 (12/07)

4. Date Incorporated or Qualified To Do Business in Florida

5. Fed Number  
51-0193468

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Name  
BAHR, EDWARD J JR

Street Address (P.O. Box Number is Not Acceptable)  
2970 ASHLEY DRIVE

Suite, Apt. #, Etc.  
VILLA D.

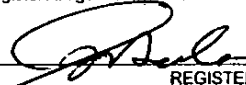
City  
WEST PALM BEACH

State  
FL

Zip Code  
33415

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Signature of Registered Agent  Date 5/19/08

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
T	WILLIAM HENRIKSEN	915 ND STREET	LAKE WORTH FL 33460

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:  ED BAHR SEC Date 5/19/08 Daytime Phone # 586 5333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR