

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 JUL 13 11:10:43  
RECEIVED  
TALLAHASSEE

**DOCUMENT # 756614**

**1. Corporation Name**

Deland Fraternal Order of Eagles, Aerie No. 3959, Inc.

**2. Principal Office Address**

1330 Yorktown Avenue

Suite, Apt. #, etc.

City & State

Deland, FL

Zip

32724

Country

USA

**3. Mailing Office Address**

1330 Yorktown Avenue

Suite, Apt. #, etc.

City & State

Deland, FL

Zip

32724

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

3/4/1981

**5. FEI Number**

59-2644486

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

Richard Pferrer

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

103 Evergreen Terrace

Suite, Apt. #, Etc.

City

Deland

State

FL

Zip Code

32724

700057428237  
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**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

7-9-05

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	Roger Davis	280 N Kepler Rd	Deland, FL 32724
V	John Schumacher	1214 Weeping Willow Dr	Deland, FL 32724
S	Harry Lane	1330 Yorktown St	Deland, FL 32724
TR	Bruce Sprague	481 King Charles Circle	Deland, FL 32724
T	Thomas Barrett	190 Spring Garden Rd	Deland, FL 32130
T	Bill Duncan	31 Fairway Village	Deland, FL 32724

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

Date

Daytime Phone #

*[Signature]* 7-10-05

CR2E081 (01/05)