

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 26 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/26/02--01052--007 **236.25

DOCUMENT # **756901**

1. Corporation Name
ARCADIA EAGLES OF DESOTO COUNTY, FLORIDA, INC.

Principal Place of Business	Mailing Address
150 SO POLK ARCADIA FL 34266	150 SO POLK ARCADIA FL 34266

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/24/1981	
City & State		City & State		5. FEI Number	
				59-1873449	
Zip		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	



REINSTATEMENT *or*

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
C	KALMES, ROBERT R	2217 NW GARVIN AVE	ARCADIA FL 34266
P	CANTER, STEVE JAMES X GAME	1554 SE WHISPERING PINES DR 1119 E. OAK	ARCADIA FL 34266
ST	WHITE, EDWARD E	2626 N.E. HWY. 70 #60	ARCADIA FL 34266
T	CONTE, FRANCIS ROBER POWERS	1227 NE WHISPERING PINES DR 32 10 VAS	ARCADIA FL 34266
T	MAST, HARLEY RON ECCLES	P.O. BOX 1678 1711 CROSS AVE.	ARCADIA FL 34265
T	RANDALL, JAMES A	4963 NW LOCUST ST	ARCADIA FL 34266

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent			
WHITE, EDWARD E 2626 N.E. HWY. 70 #60 ARCADIA FL 34266		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		Suite, Apt. #, Etc.			
		City		State	Zip Code
		FL			

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent *Edward E White* **REQUIRED** Date 10-23-02
REGISTERED AGENT MUST SIGN

11. 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: *EDWARD E WHITE* **REQUIRED** 10-23-02 863-494-1749
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/02)