



2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N14292 1. Entity Name 4108 AERIE IMMOKALEE, FRATERNAL ORDER OF EAGLES, INC.						06 MAY 10 PM 2:04 STATE OF FLORIDA	
Principal Place of Business 403 W N MARKET RD IMMOKALEE, FL 34143			Mailing Address P.O. BOX 5063 IMMOKALEE, FL 34143				
2. Principal Place of Business <i>403 E New Market Rd</i>		3. Mailing Address <i>PO Box 5063</i>		Suite, Apt. #, etc.			
City & State <i>Immokalee FL</i>		City & State <i>Immokalee FL</i>		4. FEI Number 59-2528160		Applied For <input type="checkbox"/> Not Applicable	
Zip <i>34143</i>		Country <i>Collier</i>		Zip <i>34143</i>		Country <i>Collier</i>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				5022006 REIN-NP CR2E099 (11/05) <i>05-06</i>			
6. Name and Address of Current Registered Agent LAWSON, RICHARD 403 W N MARKET RD IMMOKALEE, FL 34142				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE <i>Richard Lawson</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <i>5/2/06</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE	
FILE NOW!!! FEE IS \$122.50			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GALLIMORE, KENNETH PO BOX 382 IMMOKALEE, FL 34143	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHIPMAN, JERRY 100 SINGLETARY CR IMMOKALEE, FL 34142	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400075550444 05/31/06--01019--017 **\$8.75			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AYALA, MATEO 207 WASHINGTON IMMOKALEE, FL 34142	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400075550444 05/31/06--01019--016 **122.50			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWSON, RICHARD 403 NEW MARKET RD IMMOKALEE, FL 34142	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, RALPH 1731 BEACON POINT RD PAHOKEE, FL 33476	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <i>Richard Lawson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <i>5/2/06</i> <small>Date</small>		239 657 2254 <small>Daytime Phone #</small>	