

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N98000006163

1. Corporation Name

FRATERNAL ORDER OF EAGLES, INC.

99AR

Principal Place of Business

5843 BRANNEN ROAD WEST
LAKELAND FL 33813

Mailing Address

5843 BRANNEN ROAD WEST
LAKELAND FL 33813

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/14/1995

5. FEI Number

59-3311257

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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
D	MALONE, THERESA J	6861 WHIDDEN ST	BRADLEY FL 33835
D	BARCH, ROBERT J	6521 NEWMAN CIRCLE	LAKELAND FL 33811
D	BARCH, JOAN T	6521 NEWMAN CIRCLE	LAKELAND FL 33811
			TS
			700003045387--5 -11/16/99--01049--013 *****61.25 *****61.25

8. Name and Address of Current Registered Agent

MALONE, THERESA J
5843 BRANNEN ROAD WEST
LAKELAND FL 33813

9. Name and Address of New Registered Agent

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.

Signature of
Registered Agent

Theresa J. Malone

REGISTERED AGENT MUST SIGN

Date 10-13-99

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:

Perry D. Malone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PERRY D. MALONE

10-13-99 428-1199
Date Daytime Phone #

FILED

99 NOV -5 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2004 (8/99)