

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 726885

1. Corporation Name

Fraternal Order of Eagles, Five Flags
Aerie No. 3483 F.O.E.
Pensacola, Florida, INC.

2. Principal Office Address - No P.O. Box #

105 Kenmore Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

105 Kenmore Rd.

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32503

Country

U.S.

City & State

Pensacola, FL

Zip

32503

Country

U.S.

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

7-6-73

5. FEI Number

231365428

☐ 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 Ed Stein

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

Suite, Apt. #, Etc.

City Pensacola

State FL

Zip Code 32503

☒ 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

X Ed Stein

REGISTERED AGENT MUST SIGN

Date JAN 11 2008

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	John Bailey	105 Kenmore Rd	Pensacola, FL 32503
ST	Ed Stein	105 Kenmore Rd	Pensacola, FL 32503
Trustee	Stan Truelzen	105 Kenmore Rd	Pensacola, FL 32503

REINSTATEMENT
06-08

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:

X Ed Stein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 11 2008

Date

850-476-5229

Daytime Phone #