DI FACE DEAD	A 1 1 1 1 1 1 1 1 1 1	TDI IOTIONIO	DEFORE C				
APPLICATION FOR REINSTATEMENT	FLORID	DA DEPARTMEN Sandra B. Mor Secretary of S DIVISION OF CORPOR	NT OF STATE tham state	<u>.</u>	APPHOVED AND FILED	•	
DOCUMENT # 756901				טאסכ	V 23 PM 2:43		
1. Corporation Name				SECR	ETARY OF STATE HASSEE, FLORIDA		
ARCADIA EAGLES OF DESOTO COUNTY, FLORIDA, INC.				8000027017484 -12/03/9801064005			
Principal Place of Business Mailing Address				1 200111 1001	****238.25	5 *****236,25	
150 SO POLK P.O. BOX 1499 ARCADIA FL 33821 150 SO POLK P.O. BOX 1499 ARCADIA FL 33821 ARCADIA FL 33821							
If abore addresses are incorrect in any way, line through incorrect information and enter corre			correction below.	REIN	STATEMEN	IT% -	
2. New Principal Office Address, if Applicable	ling Office Address, If		Date Incorp. To Do Busin	orated or Qualified ness in Florida			
Suite, Apt. #, etc.	Suite, Apt. #	t, etc.		5. FEI Number		3/24/1981 Applied For	
City & State	City & State			<u> </u>	59-1873449	Not Applicable	
Zip Country	Zîp	Country	,	6. CERTIFICATE	E OF STATUS DESIRED [\$8	.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/	or Director (Flo					7.00	
Name of Officers and/or Directors		3 (Do NOT Use	eet Address of Each licer and/or Director Post Office Box Ni	umbers)	City / S	tate / Zīp	
FOX, JOE		1437 SE 1ST AVE		ARCADIA FL 34266			
P HARVELL, LEROY STEVE ATTRILL		2490 SE RICE ST. 410 N. POLK AVE			ARCADIA FL 34266		
SECT ETWARD E. WHITE		3096-SW-HARVSY-AVE 70 #60			ARCADIA FL 34266		
MANNING, JOE		2FT2 TAMIAMITA 114 N. PADE APT#2			PORT CHARLOTTE FL. 34266		
T EDWARD I CORCORAN 23		2371 SE H	600 W GIBSON ST APT 140 1371 SE HWY 31 SOUTH LOT23		ARCADIA FL 34266		
-T MANSFIELD, BILL 41 BLAIX RONAZDK 1		1180-NE CROSS	1180 NE CROSS AVE - AU		ARCADIA FL 34266		
8. Name and Address of Current Registered Agent Nat			Name	Name and Address of New Registered Agent ame			
HARVELL, LEROY 2490-SE-RICE-SF -ARCADIA-FL-34266			EDWARD E. WHITE Street Address (P.O. Box Number is Not Acceptable) 2626 N. E. HWY 70 Suite, Apt. #, Etc.				
City ARCA.				AD 119	State FL	210 Code 34266	
10. I, being appointed the régistered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.							
REGISTERED AGENT MUST SIGN Signature of REQUIRED REGISTERED AGENT MUST SIGN Date							
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No							
12. 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: EDWA OD EJWH TE EQUELLED & EJWH 94-1749 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dela Daytime Phone #							