

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

150 SO POLK
ARCADIA FL 34266

Mailing Address

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

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

03/24/1981

5. FEI Number

59-1873449

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
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 ROBERT POWERS	1227 NE WHISPERING PINES DR 3210 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

WHITE, EDWARD E
2626 N.E. HWY. 70
#60
ARCADIA FL 34266

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

10-23-02

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-02

Date

863-494-1749

Daytime Phone #

CR2040 (8/02)