

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 25 PM 2:49

DOCUMENT # 767724

1. Corporation Name

HOLLY HILL AERIE #4033, FRATERNAL ORDER OF
EAGLES, INC.

WPA-23398

Principal Place of Business

615 RIDGEWOOD AVE.
HOLLY HILL, FL. 32117

Mailing Address

P.O. BOX 250821
DAYTONA BEACH, FL.
32125-0821

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

VOLUSIA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

VOLUSIA

4. Date Incorporated or Qualified
To Do Business in Florida

3/30/83

5. FEI Number

59-2258647

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City, State, Zip
1	2	3	4
P D	GEORGE ANDERSON	321 CAVANAUGH DR.	HOLLY HILL, FL. 32117
VP D	WILLIAM KURRAS	1090 N U.S. 1	ORMOND BEACH, FL 32174
S D	FREDERICK CASEY	2195 ORANGE AVE.	DAYTONA BEACH, FL. 32124
T D	GAMES MC DERMOTT	458 S. BEACH ST.	ORMOND BEACH, FL. 32174

8. Name and Address of Current Registered Agent

MICHAEL DUKESHIRE
301 SUTTON CIR. APT. #1
DAYTONA BEACH, FL. 32114

9. Name and Address of New Registered Agent

Name N. JAMES HERMAN, SR.
Street Address (P.O. Box Number is Not Acceptable)
120 SUNNY BROOK CIR. S.
Suite, Apt. #, Etc.

City

ORMOND BEACH,

State

FL

Zip Code

32174

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 10/1/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

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:

[Signature]

Frederick Casey 10/1/99

904-257-4033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (12/98)