

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED


07 FEB -7 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700087713737
02/08/07--01024--017 **183.75

REINSTATEMENT 05-07

CR2E081 (1/07)

| | | |
|--------------------------------------|---|--|
| CORPORATION REINSTATEMENT |  | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS |
| | | |

DOCUMENT # no4000003139

1. Corporation Name

North Fort Myers Fraternal order Orioles nest 301 Inc

| | |
|--|---|
| 2. Principal Office Address - No P.O. Box # 13290 N. Cleveland Ave. | 3. Mailing Office Address 13290 N. Cleveland Ave |
|--|---|

Suite, Apt. #, etc.

Suite, Apt. #, etc.

| | |
|---------------------------------------|---------------------------------------|
| City & State North Fort Myers, Fl. | City & State North Fort Myers, Fl. |
|---------------------------------------|---------------------------------------|

Zip
33903

Country
USA

Zip
33903

Country
USA

4. Date Incorporated or Qualified To Do Business in Florida 03/22/04

5. FEI Number
20-1538492

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
Douglas W. Pedigo

Street Address (P.O. Box Number is Not Acceptable)
9700 Quail Hollow Road

Suite, Apt. #, Etc.

City
North Fort Myers

State Zip Code
FL 33917

☒ 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

[Signature]
REGISTERED AGENT MUST SIGN

Date 02-06-07

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 |
|--------------|-----------------------------------|--|-----------------------------|
| President | Douglas W. Pedigo | 9700 Quail Hollow Road | North Fort Myers, Fl. 33917 |
| V. President | Lee R. Pedigo | 9700 Quail Hollow Road | North Fort Myers, Fl. 33917 |
| Secretary | Jerry L. Jordan | 12741 Tree Line Court | North Fort Myers, 33903 |
| | | | |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-07

Date

239-839-5363

Daytime Phone #