

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

08 JAN 15 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J.D. Carr



DOCUMENT # N04000007571 1. Entity Name FLAGLER FALLEN HEROES LODGE #165, INC.	
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Principal Place of Business 20 LLOBELL PLACE PALM COAST, FL 32164 US	Mailing Address PO BOX 353667 PALM COAST, FL 32135 US
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2. Principal Place of Business - No P.O. Box # 85 BREEZE HILL LN Suite, Apt. #, etc.	3. Mailing Address 85 BREEZE HILL LN Suite, Apt. #, etc.
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City & State Palm Coast, FL	City & State Palm Coast, FL	4. FEI Number 20-1452550	Applied For <input type="checkbox"/> Not Applicable
Zip 32137	Country U.S.A	Zip 32137	Country U.S.A

6. Name and Address of Current Registered Agent BRENDEL, RICHARD 38 LEWIS PLACE PALM COAST, FL 32137	7. Name and Address of New Registered Agent Name CARR, STEVEN Street Address (P.O. Box Number is Not Acceptable) 85 BREEZE HILL LANE Palm Coast, FL 32137 City FL Zip Code 32137
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *S.D. Carr* 1-10-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BIRDSONG, STEVE 20 LLOBELL PLACE PALM COAST, FL 32164	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P 300115192503 01/15/08--01032--003 **122.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BRENDEL, RICHARD 38 LEWIS DR PALM COAST, FL 321351874	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER CARR, STEVEN 85 BREEZE HILL LN Palm Coast, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC BRENDEL, RICHARD 9 WHITAKER PLACE PALM COAST, FL 32164	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUS CARR, STEVE 85 BREEZE HILL PALM COAST, FL 32137	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *S.D. Carr* 1-10-08 (386) 313-4911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #