

# **2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N07000010184

**FILED**  
**Jan 20, 2012**  
**Secretary of State**

**Entity Name:** FRATERNAL ORDER OF EAGLES, CLERMONT AERIE 4485 INC.

**Current Principal Place of Business:**

1775 N. HWY 27 STE A  
MINNEOLA, FL 34715

**New Principal Place of Business:**

**Current Mailing Address:**

1775 N. HWY 27 STE A  
MINNEOLA, FL 34715

**New Mailing Address:**

1775 N. HWY 27  
STE A  
MINNEOLA, FL 34715

**FEI Number:** 20-2022908

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BRAYMAN, RICK  
1775 N. HWY 27 SUITE A  
MINNEOLA, FL 34715 US

**Name and Address of New Registered Agent:**

SALDIVAR, JOE  
1775 N. HWY 27  
STE A  
MINNEOLA, FL 34715 US

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.

**SIGNATURE:** JOE SALDIVAR

01/20/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** SALDIVAR, JOE  
**Address:** PO BOX 560580  
**City-St-Zip:** MONTVERDE, FL 34756

**Title:** TRUS  
**Name:** JOE, GARCIA  
**Address:** 1775 N HWY 27 STE A  
**City-St-Zip:** MINNEOLA, FL 34715

**Title:** TRUS  
**Name:** PEATE, MIKE  
**Address:** 11307 MANDARIN DR.  
**City-St-Zip:** CLERMONT, FL 34711

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** JOE SALDIVAR

PRES

01/20/2012

Electronic Signature of Signing Officer or Director

Date