## 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N10769  1. Entity Name							F	ILED				
ST. PETERSBURG AERIE #3658, FRATERNAL ORDER OF EAGLES, INC.					1		04 OCT :	25 PH	1:47			
						OF W	LING:					
Principal Place of Business 3712 51ST AVENUE NORTH ST. PETERSBURG, FL 33714 US Mailing Address 3712 51ST AVENUE NORTH ST. PETERSBURG, FL 33714						US		SECRETA TALLAHA	SSEE, F	FLORIDA		
2. Principal P 37/2	Place of Busin	\$ 4v. N	3. Ma	ailing Address 37(2 く	ISTA	W. N.						
Suite, Apt.	. #, etc.		S	uite, Apt. #, etc.				10192004 <sub>RI</sub>	EIN-NP	CR2E	099 (6/04)	
City & Stat	ETERSBU			ity & State		E		4. FEI Number 51-01934	61			pplied For
		Country		. <i>TE TETED D</i> C	Ćou	intry					\$8.75 Add	ot Applicable
Zip 337		PINELLAS	_	33714	P	INECL	LAS	5. Certificate of S			Fee Require	
	6. Name	and Address of Cu	rrent Register	red Agent		Name	10	7. Name and Ad	dress of Ne	w Registered	Agent	<del>.</del>
JENKINS, 1927 30TH		JR				Street	ddress (P	· Colpe	Not Adopt	table)		
		RG, FL 33713				217	0	2445 70	Not Arcept			
						St	the	Bes foreg	Flow	la	331	7/3
						City		A)		FL	Zip Cod	le
		y submits this statem	nent for the pur	pose of changing its	s registere	ed office or	r registere	ed agent, or both, i	n the State o	of Florida. I am	familiar with,	and accept
	named entity tions of regist		·		s registere	ed office or	r registere	ed agent, or both, i	n the State o			, and accept
	tions of regist		·	pose of changing its	s registere	ed office or	r registere	ed agent, or both, i	n the State o			, and accept
the obligat	tions of regist	lered agent.	ACAN (	CORPE	se	ed office or	ry	ed agent, or both, i	n the State o	of Florida. I am		and accept
the obligat	Signature, typed	lered agent.	ACAN (dagent and title if a)	CORPE	se	clefa	ry			10/20,	04	do
the obligated SIGNATURE	Signature, typed	lered agent.  SIAL I I I I I I I I I I I I I I I I I I	ACAN (d agent and title if a)	CORPE  poplicable. (Ao)	SL. TE: Register	clefa	NG ntub require	id when reinstating)		DATE  Make chec  Florida Depa	04	lo itate
the obligat	Signature, typed	lered agent.  If you have of registered the second	ACAN (d agent and title if a)	CORPE opticable. (Ao:	se	CLETA ed Agent signi	NG ntub require	nd when reinstating)  DDITIONS/CHANG	I GES TO OFF	Make chec	k payable triment of S	lo itate
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CITY-ST-ZIP SAINT PETERSBURG, FL 33714

SIRET ADDRESS JOBZ 6 CITCLE A J3792

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

ACORPE ALAN CORPE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/04

727-526-3986