

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 14 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 07-09

DOCUMENT # *N14292*

1. Corporation Name *4108 Immokalee
FRATERNAL ORDER OF EAGLES, INC.*

400163589274
12/14/09--01061--011 **192.50
CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #
403 E New Market Rd
Suite, Apt. #, etc.

3. Mailing Office Address
P.O. Box 5063
Suite, Apt. #, etc.

City & State
Immokalee, FLA.

City & State
Immokalee, FLA.

Zip Country Zip Country
34142 USA 34143 USA

4. Date Incorporated or Qualified To Do Business in Florida *April 9 1986*

5. FEI Number *592528160* 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 *Julius H. SANDERS*

Street Address (P.O. Box Number is Not Acceptable)
403 E MAIN ST

Suite, Apt. #, Etc.
Suite 2

City State Zip Code
Immokalee FL 34142

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]* *Sec.* Date *11/27/09*

REGISTERED AGENT MUST SIGN

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
P	<i>Roy Reyna</i>	<i>909 GLENN AVE</i>	<i>Lehigh Acres, FL 33972</i>
S	<i>Julius Sanders</i>	<i>403 E. Main St</i>	<i>Immokalee, FL 34142</i>
T	<i>Ralph Cook</i>	<i>PO BOX 5063</i>	<i>Immokalee, FL 34143</i>
D	<i>Mateo Ayala SR</i>	<i>207 Washington St</i>	<i>Immokalee, FL 34142</i>
D	<i>Benny Bernhart</i>	<i>105 S 6th St</i>	<i>Immokalee FL 34142</i>
D	<i>DAVID LIGHTNER</i>	<i>PO BOX 5189</i>	<i>Immokalee FL 34143</i>

10. E-mail Address: *foe 4108 @ yahoo.com*
(To be used for future annual report notification)

11. 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. I further certify, 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]* *Roy Reyna* Date *11/27/09* Daytime Phone # *234 657 2254*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR