

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUL 13 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N23928

1. Corporation Name.

SGT. FREDERICK M. BOMANNO LODGE #
2549 OF BOCA RATON

2. Principal Office Address

18281 FRESH LAKE WAY
BOCA RATON, FL.

Suite, Apt. #, etc.

3. Mailing Office Address

18281 Fresh Lake Way

Suite, Apt. #, etc.

City & State

BOCA RATON, FL.

City & State

BOCA RATON

Zip

33498

Country

USA

Zip

33498

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

12/17/87

5. FEI Number

65-0105439

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

Edward Mottola Jr.

Street Address (P.O. Box Number is Not Acceptable)

18281 FRESH LAKE WAY

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33498

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

Date 7-11-06

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
IMM. PAST PRES.	EDWARD MOTTOLA JR. D	18281 Fresh Lake Way	Boca Raton, FL. 33498
Treas.	DOMENICO DOMENICO D DeFlorio	11295 KONA Ct.	Boynton Beach, FL. 33437
MANAGER	Joseph Mondelli D	10980 LA SALINAS Circle	Boca Raton, FL. 33428
FIN. SECT.	John Misa D	19920 Stockholm Dr.	Boca Raton, FL. 33434
TRUSTEE	Peter Vallone D	8520 MADMAR Ave.	Boca Raton, FL. 33434

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:

Edward Mottola Jr.

7/11/06

561-479-2096

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

\$183.75 refund issued for overpayment due to
receipt of \$183.75 received in 2003. See 02/18/03 01052 001