

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 JUN -1 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N92000000766

1. Corporation Name

FOE AUXILIARY #4216
Fraternal Order of Eagles #4216
Auxiliary, Inc

2. Principal Office Address - No P.O. Box #

16270 E. HWY 40

Suite, Apt. #, etc.

City & State

SILVER SPRINGS, FL

Zip

34488

Country

USA

3. Mailing Office Address

STATE

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1990 (?)

5. FEI Number

91-1799519

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

CR2B081 (6/10)

REINSTATEMENT

RLH 10-11

7. Name and Address of Current Registered Agent

Name SHERY A GINGRAS

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

16270 EAST HWY 40

Suite, Apt. #, Etc.

City

SILVER SPRINGS

State

FL

Zip Code

34488

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

Sherry A. Gingras

REGISTERED AGENT MUST SIGN

Date 5/18/2011

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
<u>PMP</u>	<u>SHARON SOARD</u>	<u>12955 NE 5TH ST</u>	<u>SILVER SPRINGS FL 34488</u>
<u>Sec.</u>	<u>SHERY GINGRAS</u>	<u>18660 SE 24 PLACE</u>	<u>Silver Spgs. FL 34488</u>
<u>TREAS</u>	<u>CAROL MARTIN</u>	<u>1620 SE 189 COURT</u>	<u>SILVER SPGS. FL. 34488</u>

10. E-mail Address: AUX4216@comcast.net

(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:

Sherry A. Gingras

SHERY A. GINGRAS

Date

5/23/11

Daytime Phone #

352-625-6120