PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR (97) REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

97 DEC 15 AM 10:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N96000001562**

1. Corporation Name

EAA CHAPTER 1137, INC.

Principal Place of Business	Mailing Address
4040 WEST HIGHWAY 441 PLYMOUTH FL 32768	~~P.O. BOX 995~~ ~~PLYMOUTH FL 32768~~

100002375381--6
-12/17/97--01091--005
****236.25 ****236.25

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip | Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. P.O. Box ~~995~~ 575
City & State Plymouth FL
Zip 32768-0575 | Country USA

4. Date Incorporated or Qualified To Do Business in Florida 03/18/1996

5. FEI Number EIN 59-3385528 | Applied For | Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **$8.75 Additional Fee required for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (If florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	~~MAZZOTA, SAM~~ Dinius, Jeff	~~903 OAK LEAF COURT~~ ~~P.O.~~ 2212 Hempel Ave,	~~ALTAMONTE SPRINGS FL 32714~~ Gotha, FL 34734
V	~~STANLEY, GLYNN~~ Schwartz, Linda	~~4710 BROWN ROAD~~ 145 Sheridan Ave	~~CHRISTMAS FL 32709~~ Longwood, FL 32750
S	~~BARKSDALE, SHANE~~ Long, Dick	~~4040 W. HIGHWAY 441~~ 2809 Grassmere Lane	~~PLYMOUTH FL 32768~~ Orlando, FL 32808
T	~~SIMPSON, BOB~~ Long, Dick	~~P.O. BOX 842 N/A~~ 2809 Grassmere Lane	~~ZELLWOOD FL 32798~~ Orlando, FL 32808

REINSTATEMENT (97)

8. Name and Address of Current Registered Agent

PHILLIPS, R. PATRICK ESQ.
200 NORTH THORNTON AVENUE
ORLANDO FL 32801-2164

9. Name and Address of New Registered Agent

Name A. Mazz

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

Suite, Apt. #, Etc. 12/15/97

City | State FL | Zip Code

CR2E040 (8/97)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent [signature] Date 12-9-97

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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: Jeffery H. Dinius Jeffery H. Dinius 12/8/97 (407)826-9347
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #