

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

DOCUMENT # **N96000004420**

1. Corporation Name

FRATERNAL ORDER ORIOLES NEST 283 INC.

98 NOV 19 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2218 SE 13TH ST
CAPE CORAL FL 33990

Mailing Address

2218 SE 13TH ST
CAPE CORAL FL 33990

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

08/22/1996

5. FEI Number

65-0722241

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 (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	4
TS D	PHILLIPS, MICHAEL	2218 SE 13TH ST	CAPE CORAL FL 33990
T	RYAN, WAYNE	4527 KILMER CT.	N. FT. MYERS FL 33903
T D	RYAN, RONALD	1919 SE 1ST ST.	CAPE CORAL FL 33990
S	HARVEY, RODNEY	1201 SW 106 ST.	CAPE CORAL FL 33904
VP	BRATCHON, DWIGHT	1306 NE 7TH AVE.	CAPE CORAL FL 33904
P D	LEMMERMAN, ART	12121 S LATON RD.	N. FT. MYERS FL 33917

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PHILLIPS, MICHAEL
2218 SE 13TH ST
CAPE CORAL FL 33990

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Michael Phillips

REQUIRED

REGISTERED AGENT MUST SIGN

Date

11-10-98

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:

Michael Phillips MICHAEL PHILLIPS

Date

11-10-98

Daytime Phone #

941-574-5288

CR2E040 (9/98)