

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 OCT 20 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000004420

1. Corporation Name

FRATERNAL ORDER ORIOLES NEST 283 INC.

Principal Place of Business

Mailing Address

2218 SE 13TH ST
CAPE CORAL FL 33990

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

4. Date Incorporated or Qualified
To Do Business in ~~FL~~ ~~01/00~~ ~~01054-006~~
~~01/00~~ ~~01054-006~~ ~~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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|---------------|---|--|-------------------------|
| TSD | PHILLIPS, MICHAEL | 2218 SE 13TH ST | CAPE CORAL FL 33990 |
| T | RYAN, WAYNE | 4527 KILMER CT. | N. FT. MYERS FL 33903 |
| TD | 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 |
| PD | 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 of New Registered Agent

Suite, Apt. #, Etc.

City

State

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
REGISTERED AGENT MUST SIGN

Date 10-14-00

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), 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 10-14-00 941-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
574-5288

- CR2E040 (8/00)