

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000002261

1. Corporation Name

FORT LAUDERDALE FRATERNAL ORDER OF EAGLES, AERI
E #3140, INC.

Principal Place of Business

Mailing Address

400 S.W. 27 AVENUE
FORT LAUDERDALE FL 33312

C/O HAROLD HAIR
3649 SW 16 CT.
FORT LAUDERDALE FL 33312

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 Florida

04/21/1997

5. FEI Number

59-3091216

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 3	City / State / Zip 4
P	JOHNSON, CHARLES	2409 WATERSIDE DR.	FT. LAUDERDALE FL 33312
VP	WILLIAM E. WENINGER DUSTIN, JOHN JR	1801 SW 22 Ave 520 SW 12 STREET	FT. LAUD. FL 33312 FT. LAUDERDALE FL 33312
S	JAY G. GREGORY HAIR, HAROLD	1400 SW 29 Terr 3649 SW 16 CT	FT. LAUD. FL 33312 FORT LAUDERDALE FL 33312
TTR	HARGEST, HARRISON	1810 SW SW 16 CT	FT. LAUDERDALE FL 33312
TR	SWACKHAMER, SAMUEL	2400 W. BROWARD BLVD. #1017	FT. LAUDERDALE FL 33312
T	JENSEN, TORY	4925 SW 12 CT.	FT. LAUDERDALE FL 33317

8. Name and Address of Current Registered Agent

HARGEST, HARRISON
1810 SW 23RD TERR.
FORT LAUDERDALE FL 33312

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

700003478327--7

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****236 State FL ****236.25

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

REGISTERED AGENT MUST SIGN

Date 10/24/00

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/24/00

954-797-8915

KE