

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000002355

1. Corporation Name

EAA CHAPTER 1181 INC.

Principal Place of Business

5331 23RD STREET
ZEPHYRHILLS FL 33540
US

Mailing Address

5331 23RD STREET
ZEPHYRHILLS FL 33540
US

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

2. New Principal Office Address, If Applicable

5632 FRONTIER DR
Suite, Apt. #, etc.
ZEPHYRHILLS, FL
City & State

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
5632 FRONTIER DR
City & State
ZEPHYRHILLS, FL.

4. Date Incorporated or Qualified
To Do Business in Florida

04/28/1997

5. FEI Number

59-3448953

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
PD	DEBEER, RITA WILLIAM ELLIS	5331 23RD STREET 5632 FRONTIER DR	ZEPHYRHILLS FL 33540 ZEPHYRHILLS, FL 33540
VPD	LARK, EDWARD	9218 SUNFLOWER DRIVE	TAMPA FL 33647
TD	ERICKSON, HENRY OPAROWSKI, JANE	3207 GULFWIND DRIVE PO BOX 1975	LAND O LAKES FL 34639 ZEPHYRHILLS, FL 33539
SD	OPAROWSKI, JANE	P.O BOX 1975	ZEPHYRHILLS FL 33539

REINSTATEMENT 03

8. Name and Address of Current Registered Agent

DEBEER, RITA
5331 23RD STREET
ZEPHYRHILLS FL 33540

9. Name and Address of New Registered Agent

Name

WILLIAM ELLIS

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

5632 FRONTIER DR.

Suite, Apt. #, Etc.

City

ZEPHYRHILLS

State

FL

Zip Code

33540

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. or 617.0505, F.S.

Signature of
Registered Agent

WILLIAM ELLIS

REGISTERED AGENT MUST SIGN

Date 10-23-03

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:

WILLIAM ELLIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-03

Date

Daytime Phone #

(813) 779-7320

CR2E040 (7/03)