

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N97000007074

1. Corporation Name

FRATERNAL ORDER OF EAGLES AERIE NO. 3896, INC.

Principal Place of Business

Mailing Address

6480 S KANNER HWY
STUART FL 34997

6480 S KANNER HWY
STUART FL 34997

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

01/01/1998

5. FEI Number

59-2450382

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 4
VPD	BALLARD, RON	6480 S KANNER HWY	STUART FL 34997
PD	WALKER, BRUCE	6480 SOUTH KENNER HIGHWAY	STUART FL 34997
TT	MCDANIELS, ED	6480 S KANNER HWY	STUART FL 34997
PT	Dick M ^c Dowell	6480 S. Kanner Highway	STUART, FL 34997
PT	William Sundmark	6480 S. Kanner Highway	STUART, FL 34997
PT	Steve Mathews	6480 S. Kanner Highway	STUART, FL 34997

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~HOWELL, FRED~~
6480 S KANNER HWY
STUART FL 34997

Dick M^cDowell

Name Richard M^cDowell

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

6480 S. Kanner Hwy

Suite, Apt. #, Etc.

City
STUART

State
FL

Zip Code
34997

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.

REINSTATEMENT 01 is

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/26/01

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:

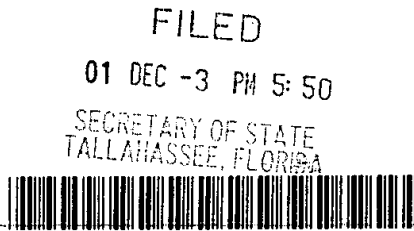
[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/26/01

Daytime Phone #



CR2E040 (8/01)