

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

07 MAR -5 PM 3: 36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300092218773

03/12/07--01006--028 \*\*367.50

**DOCUMENT # N99000000786**

**1. Corporation Name**

LADIES AUXILIARY CENTENNIAL #4399 FRATERNAL ORDER OF EAGLES

**2. Principal Office Address - No P.O. Box #**

12540 US 301

**3. Mailing Office Address**

40703 STEWART RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#57

City & State

DADE CITY FLORIDA

City & State

DADE CITY FLORIDA

Zip

33525

Country

USA

Zip

33525

Country

USA

**REINSTATEMENT** 02-07

CR2E081 (1/07)

**4. Date Incorporated or Qualified  
To Do Business in Florida**

02/09/1999

**5. FEI Number**

20-8397695

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

ELIZABETH SINDEN

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

40703 STEWART RD

Suite, Apt. #, Etc.

#57

City

DADE CITY

State

FL

Zip Code

33525

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

*Elizabeth Sinden*

REGISTERED AGENT MUST SIGN

Date 2-28-07

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	JUDITH JEFFERS	38203 BLACK BIRD LN	ZEPHYRHILLS/FL/33540
S/D	ELIZABETH SINDEN	40703 STEWART RD #57	DADE CITY/FL/33525
T/D	PATRICIA CASE	39751 MEADOWOOD LOOP	ZEPHYRHILLS/FL/33542
V/D	MARY MOYER	9267 US 98 #137	DADE CITY/FL/33525

**10. 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 contained in Chapter 119, 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:

*Elizabeth Sinden*

ELIZABETH J. SINDEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-07

Date

352-518-0566

Daytime Phone #

2-28-07 3/7