PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
16 JUN 17 AM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (11/10)

DOCUMENT # N99000000786

1. Corporation Name
Ladies Auxilary Centennial #4399 Fraternal Order of Eagles Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
15924 US 301	15924 US 301
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: Dade City, Fl.	City & State: Dade City, Fl.
Zip: 33523 Country: USA	Zip: 33523 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: April or May 1998

5. FEI Number: 593500152 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED: Yes — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Dorothy Canfield
Street Address (P.O. Box Number is Not Acceptable): 4029 Peaceful Lane
Suite, Apt. #, Etc.: Lot 11
City: Zephyrhills State: FL Zip Code: 33541

REINSTATEMENT

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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: Dorothy Canfield Date: 6-13-16
REGISTERED AGENT MUST SIGN

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	Mary Collins	4029 Peaceful Lane Lot 11	Zephyrhills, Fl. 33541
V	Karla O'Berry	38418 Mickler Rd.	Dade City, Fl. 33523
S	Patricia Poppleton	3736 Lado Drive	Zephyrhills, Fl. 33543
T	Dorothy Canfield	4029 Peaceful Lane Lot 11	Zephyrhills, Fl. 33541
D	Julie Northrup	11815 Marybill Lane	Dade City, Fl. 33524
D	Arlene Jenkins	34898 Emily Drive	Dade City, Fl. 33523

10. E-mail Address: DCANFIELD3@TAMPABAY.RR.COM
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: Dorothy Canfield 6-13-16 813-783-5352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Dorothy Canfield

JUN 17 2016
P. HUNT