

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

02 NOV 15 PM 4:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N 9800000 5927

**1. Corporation Name**

EAA HEARTLAND CHAPTER  
1240 INC.

**2. Principal Office Address**

1545 SR 64 WEST

Suite, Apt. #, etc.

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

**City & State**

AVON PARK

**City & State**

**Zip**

33825

**Country**

USA

**Zip**

**Country**

REINSTATEMENT 01-02

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

10/16/98

**5. FEI Number**

65-0864629

**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**

GEORGE C. POPE

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

1545 SR 64 WEST

**Suite, Apt. #, Etc.**

**City**

AVON PARK

State  
FL

**Zip Code**

33872

**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

George C. Pope

REGISTERED AGENT MUST SIGN

Date 11-6-02

**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	GEORGE C. POPE D	4601 DUFFER LOOP	SEBRING FL 33872
VP	JOE BARNHART D	319 MINI RANCH ROAD	SEBRING FL 33870
SEC	BILL LATHAM D	1457 LAKE LOTELA DR	AVON PARK FL 33825
TR	RON OWEN D	2905 N.E. LAKEVIEW DR	SEBRING FL 33870

**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 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:

George C. Pope

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-6-02

Daytime Phone #

863 453-5046

CR2E081 (9/01)