

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

(1)

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 OCT 19 PM 1:07

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 710187

1. Corporation Name
 STUART LODGE NO 1282, LOYAL ORDER OF MOOSE, INC

Principal Place of Business	Mailing Address
2454 SE INDIAN AVENUE P.O. BOX 506 STUART FL 34995	2454 SE INDIAN AVENUE P.O. BOX 506 STUART FL 34995

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		4. Date Incorporated or Qualified To Do Business in Florida	
Sulte, Apt. #, etc.		Sulte, Apt. #, etc.		01/10/1966	
City & State		City & State		5. FEI Number	
Zip		Country		23-7161400	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$8.75 Additional Fee required for a Certificate of Status	

8/30/99 9:00/1:00 \$0.25

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
D	BRADY, MIKE	2062 SW VAN BUREN TERR	PORT ST LUCIE FL 34958
DT	TAYLOR, THOMAS	1950 PALM CITY RD, #104	STUART FL 34994
GD	SMITH, JAMES H	8050 SE RIVER LN	STUART FL 34994
GI	CAULTON, WILLIAM	5000 SE FEDERAL HWY, LOT 102	STUART FL 34997
GD	NEFF, GLENN O	2908 AMHURST STREET	STUART FL 34997
D	DIBENTEDETTO, ANDREW	2944 SE INDIAN ST	STUART FL LS

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
LEXIS DOCUMENT SERVICES INC. 3953 WW KELLEY ROAD TALLAHASSEE FL 32311		Name WILLIAM F. BEAUREGARD	
		Street Address (P.O. Box Number is Not Acceptable) 4606 SE BIRNACLE WAY # 6	
		Sulte, Apt. #, Etc.	
		City STUART 1	State Zip Code FL 34997

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.
 Signature of Registered Agent William F. Beauregard **REQUIRED** Date Oct 14, 1999

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 F. Beauregard **REQUIRED** Date Oct 14, 1999 Daytime Phone # 561-287-2400

CR2500 (8/99)

**Loyal Order of Moose
Stuart Lodge #1282**

Loyal Order of Moose
Stuart Lodge #1282
P.O. Box 606
Stuart, FL 34906-0506

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October 14, 1999

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

On or about August of this year, I William F. Beauregard filled your annual report but failed to have it signed in two places. It was returned to my office sometime later, I resigned it and mailed back to your office.

I called your office and was told to write this letter and we would be reinstated. I apologize for any inconvenience that I have caused.

I remain


William F. Beauregard
Administrator