

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 725683

FILED
Oct 06, 2005
Secretary of State

Entity Name: MARGATE FLORIDA LODGE, INC. NO. 2463

Current Principal Place of Business:

5451 NW 15TH ST
MARGATE, FL 330633719

New Principal Place of Business:

Current Mailing Address:

5451 NW 15TH ST
MARGATE, FL 330633719

New Mailing Address:

FEI Number: 59-1556118 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FUSANI, ROY
5451 NW 15 ST.
MARGATE, FL 33063 US

Name and Address of New Registered Agent:

WITKOWSKI, ROSE
6332 CORAL LAKE DR
MARGATE, FL 33063 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ROSE WITKOWSKI

10/06/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ER () Delete
Name: FUSANI, ROY
Address: 5451 NW 51 ST.
City-St-Zip: MARGATE, FL 33063

Title: TD () Delete
Name: MAHER, JERRY
Address: 7703 NW 18 CT.
City-St-Zip: MARGATE, FL 33063

Title: TS () Delete
Name: NEPA, PETER
Address: 777 S FEDERAL HWY.
City-St-Zip: POMPANO BEACH, FL 33062

Title: TR (X) Delete
Name: FALLS, PATRICIA
Address: 1587 NW 65 AVE.
City-St-Zip: MARGATE, FL 33063

Title: S () Delete
Name: COMO, VINCENT
Address: 6897 NW 1 CT.
City-St-Zip: MARGATE, FL

Title: TD () Delete
Name: ESPIRITU, CLIFFORD
Address: 5984 NW 74 STREET
City-St-Zip: PARKLAND, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ER (X) Change () Addition
Name: WITKOWSKI, ROSE
Address: 6332 CORAL LAKE DR
City-St-Zip: MARGATE, FL 33063

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TR (X) Change () Addition
Name: MAUK, ALAN
Address: 141 PONCE DE LEON STREET
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSE WITKOWSKI

P

10/06/2005

Electronic Signature of Signing Officer or Director

Date