

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

01 OCT 17 AM 10:11

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **729563**

1. Corporation Name

LARGO MOOSE LODGE NO. 2205 LOYAL ORDER OF MOOSE, INC.

Principal Place of Business

Mailing Address

11616 87TH STREET NORTH
 LARGO FL 33773-4905
 US

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 LARGO FL 33773-4905
 US

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

05/06/1974

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

23-7327002

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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	AGIN, THOMAS E. <i>MOORHOUSE Joseph C.</i>	1028 FOUNTAIN HEAD DR <i>9158 78th Pl N.</i>	LARGO FL 33770 <i>33777-4010</i>
PD	TITUS, WARREN A	8160 83RD	LARGO FL 33777
MSD	FRASER, DAVID C <i>SHELDON, THOMAS N.</i>	10751 DOROTHY LANE <i>P.O. Box 530415</i>	LARGO FL 33774 <i>St. Petersburg Fl. 33747</i>
WT	WOOD, JOHN R	6580 SEMINOLE BLVD #751	LARGO FL
D	THOMAS, SHELDON <i>Walter DONALD</i>	6249 SEMINOLE BLVD <i>1474 Plateau Rd.</i>	LARGO FL 33772 <i>Clearwater, Fl. 33755</i>
JD	BANGLAY, JAMES R <i>Richards, Pierce D.</i>	8780 660TH ST N, LOT 207 <i>8144 87th Ave. N.</i>	PINELLAS PARK FL 33782 <i>Largo Fl. 33777</i>

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

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

Suite, Apt. #, Etc.

City

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

John A. Stull

REGISTERED AGENT MUST SIGN

Date

10/14/01

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. **400004659414--5**

SIGNATURE:

John R. Wood
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-14-01 (727) 397-9677

Daytime Phone #

CR2E040 (6/01)