

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 FEB 24 PM 2:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 750713**

**1. Corporation Name**

FORT PIERCE LODGE NO. 248, LOYAL ORDER OF  
MOOSE, INC.

**2. Principal Office Address**

3216 S. U.S. HWY 1,

Suite, Apt. #, etc.

SUITE 1

City & State

FORT PIERCE, FL

Zip

34982

Country

USA

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

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

01/22/80

**5. FEI Number**

590652258

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State  
FL

Zip Code  
33324

**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

Jeffrey R. Graves  
Assistant Secretary

REGISTERED AGENT MUST SIGN

Date February 6, 2003

**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
PRES.	LARRY HOWE	1008 CHARLOTTE RD	FT PIERCE FL 34982
VICE PRES	THOMAS KULSCAR	3200 S. 7 <sup>th</sup> ST. LOT 137	FT PIERCE FL 34982
SECU	R. L. HORAN	8021 OREECHOBEE RD	FT PIERCE FL 34945
TREA DIRECTOR	NORMAN CHURCH	3484 ROSELAWN BLVD	FT PIERCE, FL 34982
DIRECTOR	TIMOTHY QUACKENBOS	345 WEATHERBEE RD #150	FT PIERCE, FL 34982
DIRECTOR	Preston MERRYMAN	4953 KIRBY LOOP RD.	FT PIERCE, FL 34982

**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:**

Robert L. Horan  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18 FEB 03

Date

Daytime Phone #

(772) 429-7744

CR2E081 (10/02)

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