PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 AUG -3 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # C 93000000021

1. Corporation Name

KEYSTONE Chapter #20 ROYAL ARCH MASONS

Principal Place of Business	Mailing Address
SEMINOLE LODGE	401 S.E. 15th Street Fort Lauderdale FL. 33061

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 97-98

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	William D. Spiker 1546 N.E. 17th Way
City & State	Fort Lauderdale FL
Zip / Country	33304-1335 / BROWARD

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-0623887 ☐ Applied For ☐ Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	JACK M. LARGE	2260 N.E. 62nd Street	Fort Lauderdale FL 33308
D	Mike C. Shortel	3041 S.W. 22nd Street	Fort Lauderdale FL 33312
D	William W. GREEN	11729 N.W 57th Street	SUNRISE FL. 33323
T	MiGuel ARteAGA	7337 TEXAS TRAIL	BOCA RATON 33021
S	William D. Spiker	1546 N.E. 17th Way	Fort Lauderdale FL 33304

8. Name and Address of Current Registered Agent

STANLEY N. STAKE
5661 S.W. 2nd Street
Plantation FL 33317

9. Name and Address of New Registered Agent

Name: William D. Spiker
Street Address (P.O. Box Number is Not Acceptable): 1546 N.E. 17th Way
Suite, Apt. #, Etc.:
City: Fort Lauderdale State: FL Zip Code: 33304-1335

CR2E040 (1/98)

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 _____ REGISTERED AGENT MUST SIGN Date Aug 2, 1998

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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 D. Spiker _____ Aug 2, 1998 954-831-0425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #