

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

96 NOV 12 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N14864**
1. Corporation Name
GOLDEN GATE LODGE NO. 1654 LOYAL ORDER OF MOOSE, INC.

Principal Place of Business Mailing Address
1902 40TH TERR. SW P.O. BOX 90081
P O BOX 90081 NAPLES FL 33980
NAPLES FL 33980 US
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 **05/12/1986**
5. FEI Number **59-2663524**
6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip |
|----------|-----------------------------------|---|----------------------------|
| PD | VERN SANDBERG | 5535 E. Florence Hwy Rd Naples FL | NAPLES FL |
| SD | Philip W Potter | 1565 27th ST SW | NAPLES FL |
| VD | JERRY LUSTER | 7286 11th Ave SW | NAPLES FL |
| D | ROBERT FORD | 129 Cape Sable Dr | NAPLES FL |
| TD | Kyle Jamison | 4340 Burton Rd | NAPLES FL 236.25 ***236.25 |
| D | Ron George | 4064 Fall Moon Ct. | NAPLES FL |

8. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number)
Suite, Apt. #, Etc.
City
Suite FL Zip Code

REINSTATEMENT 11-7-96

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: TANYA M. VILLAR SPECIAL ASSISTANT SECRETARY Date 11-7-96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

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)(f), 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: Philip W Potter REQUIRED
SIGNATURE (NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)
Date 9-20-96 Daytime Phone # 455-2450