

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAR 12 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N14864

1. Corporation Name
GOLDEN GATE LODGE NO. 1654 LOYAL ORDER OF
MOOSE, INC.

REINSTATEMENT 01-03

700013086807
02/25/03--01031--001 **358.75

2. Principal Office Address 1900 40 TH TERRACE SW Suite, Apt. #, etc.		3. Mailing Office Address P.O. Box 990081 Suite, Apt. #, etc.	
City & State NAPLES, FL		City & State NAPLES, FL	
Zip 34116-6018	Country USA	Zip 34116-6060	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 05/12/86	
5. FEI Number 592663524	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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: [Signature] Jeffrey R Graves
 Assistant Secretary
 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
D. PRES.	PEDRO DAVILA	2300 55 TH ST, SW	NAPLES, FL 34116
D. V.P.	ANTHONY NAGER	3610 29 TH AVE, SW	NAPLES, FL 34117
D. SEC.	ROBERT HILL	2600-B TROPICANA BLVD	NAPLES, FL 34116
D. TREAS.	EDWARD PIERSON, II	2833 49 TH LN., SW	NAPLES, FL 34116

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: [Signature] ROBERT HILL Date: 455-8408
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (10/02)

2/3/03