

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

APPLICATION
FOR
REINSTATEMENT



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

97 JUL 18 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N21810**

1. Corporation Name
**SEBASTIAN LODGE, NO. 2714, BENEVOLENT AND
PROTECTIVE ORDER OF ELKS OF THE UNITED STATES
OF AMERICA**

200002244352--5
-07/22/97--01124--002
****297.50 ****297.50

Principal Place of Business Mailing Address
**731 S. FLEMING STREET P.O. BOX 32978-2060
SEBASTIAN FL 32978-2060 SEBASTIAN FL
32978-2060**

REINSTATEMENT 96-97

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/31/87	
City & State		City & State		5. FEI Number	
Zip		Zip		59-2648978	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	THOMAS EATON	925 29th CT	VERO BEACH, FL32960
D	ROBERT W. MCCARTHY	222 FIG STREET	SEBASTIAN, FL 32958
D	JAMES KEARNEN	7659 GREAT BEAR LAKE DR.	MICCO, FL 32976
D	GERALD OLTMAN	258 MAIN STREET	SEBASTIAN, FL 32958
D	CARL FISHER	523 CROSS CREEK CIR.	SEBASTIAN, FL 32958
D	DENNIS G. FREESE	9316 103rd CT.	VERO BEACH FL 32967

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THOMAS EATON 925 29th CT VERO BEACH, FL 32960		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	
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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 *Thomas Eaton* REGISTERED AGENT MUST SIGN

Date 07-16-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: *Robert W. McCarthy*

07-16-97

(361) 584-0184

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Time Phone #

CR2040 (12/96)