

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 DEC 13 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N42593**

1. Corporation Name **Pride Of Avon Lodge No. 462, INC.**

REINSTATEMENT 93-05

2. Principal Office Address
917 South A Ave

3. Mailing Office Address **1745 P.O. Box 1745**

Roberts DFR 1 5 9995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
AVON Park, Florida

City & State
AVON park, Fla

4. Date Incorporated or Qualified To Do Business in Florida **15 Mar 91**

Zip **33825** Country **Highlands**

Zip **33826** Country **Highlands**

5. FEI Number **41-2189874** 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 **ESTON Roberts**

Street Address (P.O. Box Number is Not Acceptable) **917 SOUTH A AVENUE**

Suite, Apt. #, Etc.

City **AVON PARK**

State **FL**

Zip Code **33825**

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 **Eston Roberts**

Date **12 DEC 05**

REGISTERED AGENT MUST SIGN

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	ESTON Roberts	917 South A Ave	AVON Park, Fla. 33825
Sec	LEROY Williams	1093 E. Cornell St	AVON Park, Fla 33825
Trea	Willie B. Knight	1307 South Lake Blvd	AVON Park, Fla 33825

400062126704
12/13/05--01054--013 **1093.75

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: **Eston Roberts**

Date **12 Dec 05**

Daytime Phone # **863-453-2027**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #