

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

12 DEC 13 PM 2:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N94000000491

1. Corporation Name

Universal Masonic Brotherhood  
Inc.

W12-58415

2. Principal Office Address - No P.O. Box #

1415 N Kingsway Rd.

Suite, Apt #, etc.

City & State

Seffner, FL

Zip

33584

Country

USA

3. Mailing Office Address

P.O. Box 6410

Suite, Apt #, etc.

City & State

Seffner, FL

Zip

33583

Country

USA

**REINSTATEMENT 10-12**

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

38-3645098

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

Juanita McCollough

Street Address (P.O. Box Number is Not Acceptable)

1415 N Kingsway Rd.

Suite, Apt #, Etc.

City

Seffner

State

FL

Zip Code

33584

600239479426  
09/11/12--01018--005 \*\*\*358.75

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

Juanita McCollough  
REGISTERED AGENT MUST SIGN

Date

9/6/12

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	Dorothy West	57 Timber Creek Pine Cir	Winter Garden, FL 34787
ofc Asst	Amy McCollough	1415 N Kingsway Rd	Seffner, FL 33584
Pres	Frederick McCollough	1415 N Kingsway Rd	Seffner, FL 33584
ofc mgr	Juanita McCollough	1415 N Kingsway Rd	Seffner, FL 33584

10. E-mail Address:

Amy\_mccollough@hotmail.com

(To be used for future annual report notification)

11. I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Juanita McCollough

JUANITA McCollough

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/6/12

Daytime Phone #

813-602-3597