

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000004735

1. Corporation Name

Most Worshipful Cypress Grand Lodge of Ancient Free and Accepted Masons of Florida Foundation, Inc.

2. Principal Office Address

11785 NW 17 Avenue

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33167

Country

Miami-Dade

3. Mailing Office Address

P.O. Box 2033

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33055

Country

Miami-Dade

FILED

03 JUL -7 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT - 02-03

4. Date Incorporated or Qualified To Do Business in Florida

8/20/97

5. FEI Number

31-1585707

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

Henry L. Bryant

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

3377 NW 179 Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33055

8.

Signature of Registered Agent

Henry L. Bryant
REGISTERED AGENT MUST SIGN

607.0505 or 617.0503, F.S.

6/27/03

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
DP	Fitts, John H.	2801 NW 207 Street	Miami, FL 33056
DS	Fitts, George E.	3971 NW 188 Street	Miami, FL 33055
DVP	Branford, Winston G.	19245 NW 53 Circle Place	Miami, FL 33055
DVP	Bryant, Henry L.	3377 NW 179 Street	Miami, FL 33055
DT	Baldwin, Charles	2843 212 Terrace	Miami, FL 33056
D	Branford, Anthony	19214 NW 48 Avenue	Miami, FL 33055

10.

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

chapter 607 or 617, F.S. I further certify that when filing section 607.0401 or 617.0401, F.S., that all fees section 119.07(3)(i), F.S. The information indicated

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John H. Fitts, DP

6/27/03

Date

305.854.4400

Daytime Phone #

24 7/7