PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JAN 12 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 738950

1. Corporation Name
ST AUGUSTINE LODGE NO. 1017
LOYAL ORDER OF MOOSE INC.

REINSTATEMENT 03-04
MRS

2. Principal Office Address	**3.** Mailing Office Address
1805 CENTURY BLVD	1805 CENTURY BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST. AUGUSTINE FL	City & State: ST. AUGUSTINE FL
Zip: 32084 Country: USA	Zip: 32084 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 05/05/1977

5. FEI Number: 590696295 ☐ 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: C.T. CORPORATION SYSTEMS
Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND RD.
Suite, Apt. #, Etc.:
City: PLANTION 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: Barbara A Burke BABARA A. BURKE SPECIAL ASSISTANT SECRETARY Date: 1-10-04
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
Admi STRATOR	ARTHUR CAPO	1805 CENTURY BLVD	ST. AUGUSTINE FL 32084

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01/12/05--01047--018 **297.50

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: Arthur Capo 1-12-05 904-814-4550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #