2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

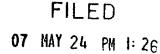
DOCUMENT #703869

1. Entity Name

BETHLEHEM GRAND CHAPTER ORDER OF EASTERN STAR OF FLORIDA AND JURISDICTION, P.H.A., INC

Principal Place of Business 410 BROAD STREET

Mailing Address P.O. BOX 40128



SECRETARY OF STATE TALLAHASSEE, FLORIDA

TALLAHASSEE, FL 32202									AIDI! EIDII AIQII			
Principal Place of Business - No P.O. Box #												
Suite, Apt. #, etc. S				Suite, Apt. #, etc.			05222007 REK	MIE	CR2E	9 (1/10)	607	हुन। - १०१०-०
City & State				ity & State			4. FEI Number 23-7205362				plied For I Applicable	-WOR
Zip Country Zi				p	Country		5. Certificate of Stat	us Desired	\$	8.75 Add ee Require	itional d	
6. Name and Address of Current Registered Agent							7. Name and Addre	ss of New R	egistered A	gent]
SMITH, MILDRED A 4232 NW 20TH STREET GAINESVILLE, FL 32605					Name Street Address (P.O. Box Number is Not Acceptable)							<u> </u> -
					City				FL	Zip Code		
	e named entity to tions of register	submits this statement (o red agent.	r the purs	oose of changing its re	gistered office	or registe	ered agent, or both, in th	e State of Flo	rida. I am fa	miliar with,	and accept	
SIGNATURE	Signature, typed or	printed name of registered agent a	and title of ap	plicable. (NOTE: R	legistered Agent sig	anature requ	ired when reinstating)		DATE			
FILE NOWIII FEE IS \$297.50									ake check Ida Departi			
10.		OFFICERS AND DIF	RECTORS	<u> </u>	11.		ADDITIONS/CHANGES	TO OFFICE	RS AND DIRI	ECTORS IN	10]
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CITY-ST-ZIP	GAINESVIL	LE, FL 32605	<u>-</u> .	☐ Delete	CITY-ST-ZIP	-				☐ Change	Addition	-
NAME	CURE, WILLIAMS A			E3 Delete	NAME							
STREET ADDRESS	7308 SYRNA STREET				STREET ADDRESS							
CITY-ST-ZIP	JACKSON\	/ILLE, FL 32209			CITY-ST-ZIP						_	
TITLE	DV			☐ Delete	TITLE					☐ Change	Addition	1
NAME	4	THELMA P			NAME	.						ŀ
STREET ADORESS CITY-ST-ZIP	MIAMI, FL	9TH STREET			STREET ADDRESS CITY-ST-ZIP	`						ļ
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NAME	HARVEY, L	EANDERS		□ Delete	NAME	ı				change	L Addition	
STREET ADDRESS	2408 BANY	ON DRIVE			STREET ADDRESS	S						
CITY-ST-ZIP	TALLAHAS	SEE, FL 32303			CITY-ST-ZIP							j
TITLE	S			Delete	TITLE	-				Change	☐ Addition	1
NAME SMITH, WILLIE LEE STREET ADDRESS 1347 W 26TH ST				NAME STREET LODGESS								
CITY-ST-ZIP		/ILLE, FL 32209			STREET ADDRESS CITY-ST-ZIP	`						
TITLE	Т			□ Delete □ Delete	TITLE	1	· · · · · · · · · · · · · · · · · · ·		-	☐ Change	Addition	1
NAME	l .	SABELLE F		, —	NAME	3	JACKSON, PA	TRICIA				
STREET ADDRESS	9 BLANCH	E LANÉ			STREET ADORESS		7877 CAXTO					
CITY-ST-ZIP	· · ·	SUSTINE, FL 32084			CITY-ST-ZIP		UII CHAIL	IN (. 1 IN -				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNING OFFICER OR DIRECTOR A SMITH 352-3786843 Daytime Phone #