

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 710956

1. Corporation Name

Royal Palm Masonic Lodge #512, Inc.

Principal Place of Business

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3314 Apachee St.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Fort Myers, FL

City & State

Zip

33916

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

23-7379689

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	Carl Radcliff	3314 Apachee St.	Fort Myers, FL 33916
SD	Joseph Wise, Sr.	3314 Apachee St.	Fort Myers, FL 33916
T	Glenn S. Nolen	3314 Apachee St.	Fort Myers, FL 33916
			000002588970--0 -07/14/98--01097--001 ****420.00
			REINSTATEMENT 7-9-98
			6/25/98

8. Name and Address of Current Registered Agent

Lewis Freeman
3246 Dora St.
Fort Myers, FL 33916

9. Name and Address of New Registered Agent

Name

Carl Radcliff

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

3314 Apachee Street

Suite, Apt. #, Etc.

City

Fort Myers

State

FL

Zip Code

33916

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date **6/25/98**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

6/25/98

Daytime Phone #

CP20040 (1-98)