


# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT


<b>DOCUMENT # 712391</b> 1. Entity Name WEST DADE LODGE NO. 1825, LOYAL ORDER OF MOOSE, INCORPORATED	
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Principal Place of Business 9900 SW 77TH AVENUE MIAMI, FL 33156	Mailing Address 9900 SW 77TH AVENUE MIAMI, FL 33156
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State  Zip                      Country	City & State  Zip                      Country
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FILED  
05 OCT 10 AM 9:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
700060458467  
10/10/05--01079--013 \*\*131.25



4. FEI Number 59-1259334	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$61.25</b> After January 1, 2006, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	P STANLEY, PAUL C <input checked="" type="checkbox"/> Delete	TITLE NAME	P COLLINS, JIM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5341 SW 67 AVE	STREET ADDRESS	9900 S.W. 77 AVE
CITY-ST-ZIP	MIAMI, FL 33155	CITY-ST-ZIP	MIAMI, FL
TITLE NAME	S KENDRICK, JOE H <input type="checkbox"/> Delete	TITLE NAME	← SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5560 W 13 CT	STREET ADDRESS	
CITY-ST-ZIP	HAIALEAH, FL 33012	CITY-ST-ZIP	
TITLE NAME	D COLLINS, JIM <input checked="" type="checkbox"/> Delete	TITLE NAME	D STANLEY, PAUL C. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9900 SW 77 AVE	STREET ADDRESS	5341 S.W. 67 AVE
CITY-ST-ZIP	MIAMI, FL 33156	CITY-ST-ZIP	MIAMI, FL 33155
TITLE NAME	V MCCOY, DAVID C <input checked="" type="checkbox"/> Delete	TITLE NAME	← SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4905 SW 111TH AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33165	CITY-ST-ZIP	
TITLE NAME	D PIERSON, JERRY <input checked="" type="checkbox"/> Delete	TITLE NAME	D YOUNG, Thomas V. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	10000 SW 147 CT	STREET ADDRESS	11050 S.W. 44 ST.
CITY-ST-ZIP	MIAMI, FL 33196	CITY-ST-ZIP	MIAMI, FL 33165
TITLE NAME	D RUDOFF, GERALD <input type="checkbox"/> Delete	TITLE NAME	← SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	13255 SW 98 PL	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33176	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if 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.

SIGNATURE: *Joe Kendrick* JOE KENDRICK Adm/Sec 10/5/05 305-279-5972  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #