

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 OCT 13 AM 8:35

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **712391**

1. Corporation Name

WEST DADE LODGE NO. 1825, LOYAL ORDER OF MOOSE, INCORPORATED

Principal Place of Business

Mailing Address

9900 SW 77TH AVENUE
 MIAMI FL 33156

9900 SW 77TH AVENUE
 MIAMI FL 33156

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



REINSTATEMENT 03

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

03/13/1967

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1259334

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
P	MCCLAIN, LORAN A PAUL C. STANLEY	3001 SW 78 CT #20 5341 S.W. 67 AVE	MIAMI FL 33155 MIAMI, FL 33155
S	JEFFERS, ROBERT H. JOE H. KENDRICK	10030 MONTEGO BAY DRIVE 5560 W. 13 CT	MIAMI FL HIALEAH, FL 33012
D	CLARK, GORDON FRANK O'NEIL	10521 MAHOGANY KEY CIR #205 7925 S.W. 104 ST	MIAMI FL 33196 MIAMI, FL 33156
V	MCCOY, DAVID C	4905 SW 111TH AVE	MIAMI FL 33165
D	PIERSON, JERRY	10000 SW 147 CT	MIAMI FL 33196
D	TEMPLETON, ALBERT	11481 SW 93 ST	MIAMI FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

500023769245
 10/13/03--01113--009 **296.25

City

State
 FL

Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent

Anne Boutilier
 REGISTERED AGENT MUST SIGN

ANNE BOUTILIER
 ASSISTANT SECRETARY

Date 10-10-03

11. 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:

Joe Kendrick SEC. Admin. JOE KENDRICK

Date 10/9/03

305
 281-0461
 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (7/03)