

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT #

714589

1. Corporation Name

TRUSTEES OF ATLAS LODGE #308
IBPOE OF W. TRUSTEES OF ANTLERS
TEMPLE #39 IBPOE OF W.

2. Principal Office Address

4949 NW 7TH AVE

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33127

Country

USA

3. Mailing Office Address

P.O. Box 510308

Suite, Apt. #, etc.

EDLSON CENTER STATION

City & State

Miami, FL

Zip

33151

Country

USA

REINSTATEMENT

95-00

4. Date Incorporated or Qualified
To Do Business in Florida

5-14-68

5. FEI Number

59-1439512

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

TAYLOR, ALPHONSO S.

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

17320 NW 22 AVE

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33056

600003483886-6

12/04/00 01006 015

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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

Alphonso Taylor

REGISTERED AGENT MUST SIGN

Date 10-9-2000

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
D	STUART, BERNARD	1245 NW 99 St	Miami, FL 33147
T	MOSS, JAMES M.	1357 NW 70 St	Miami, FL 33147
T	PRIME, CARL	141 FLA AVE	Miami, FL 33133
S	TAYLOR, ALPHONSO	17320 NW 22 AVE	Miami, FL 33056

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:

Bernard Stuart (Bernard Stuart)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/9/00

Date

305-585-7270

Daytime Phone #

CR2E081 (9/99)