

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB -1 AM 8:54

FLORIDA DEPARTMENT OF STATE
ALLAHASSEE, FLORIDA

REINSTATEMENT

200167706932 07-10
02/01/10--01046--011 **245.00

CR2E081 (11/09)

DOCUMENT # 714689

1. Corporation Name

Trustees of Atlas Lodge No. 308, I.B.P.O.E.
of W. and Trustees of Antlers Temple
No. 39 I.B.P.O.E of W., Inc.

2. Principal Office Address - No P.O. Box #

4949 NW 7 Ave

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 421945

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33127

Country

USA

Zip

33242-1945

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1908

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
Gregorio J. Audevert

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

327 NW 45 Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33127

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Gregorio J. Audevert

REGISTERED AGENT MUST SIGN

Date 2/1/10

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
P	William James	420 NW 42 Street	Miami, FL 33127
VP	Catherine Russell	4830 NW 3 Ave	Miami, FL 33127
S	Linda Ward-Stuart	1245 NW 99 Street	Miami, FL 33147
S	Gregorio Audevert	327 NW 45 Street	Miami, FL 33127
T	Carolyn Collie	1131 NW 118 St.	Miami, FL 33168
D	William Pinder, Jr.	3010 NW 12 Ave	Miami, FL 33127

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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:

William James, President 2/1/10 (305) 913-7959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #