APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 JUL 26 PM 4:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 715532

1. Corporation Name

St. Lucie County Shrine Club Holding Corporation

K. Eckel JUL 26 2005

REINSTATEMENT 03-05

2. Principal Office Address	3. Mailing Office Address
4600 Oleander Ave.	P.O. Box 851
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Ft. Pierce, FL.	Ft. Pierce, FL
Zip / Country	Zip / Country
34982 / St. Lucie	34954 / St. Lucie

4. Date Incorporated or Qualified To Do Business in Florida 02/17/1958 ~~4/67/1968~~

5. FEI Number 23-7536507 ☑ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee is required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Klaus J. Reinwarth

200058528582
07/12/05--01039--009 **158.75

Street Address (P.O. Box Number is Not Acceptable): 8896 SW Fishermans Wharf Dr.

Suite, Apt. #, Etc.:

City: Stuart | State: FL | Zip Code: 34997

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: Klaus J. Reinwarth — REGISTERED AGENT MUST SIGN — Date: 7/13/05

CR2E061 (01/06)

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
Vice Pres	Harry L. McGinnis	787 N.E. Galilean St.	Port St. Lucie, FL. 34983
Director	Charles W. Vanderhoven	2366 SE Rainier Rd	Port St. Lucie FL 34952
Director	Lisa A Nastu	1910 Okeechobee Rd	Fort Pierce Fla 34950
Director	Melvin Brown	2545 S.E Grand Ave.	Port St. Lucie, FL 34952
Director	Charles Miller	P.O. Box 12208	Ft. Pierce, FL 34979
Director	Frank Conrad	5950 Glades Cut-off Rd	Ft. Pierce, FL 34951

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: Klaus J. Reinwarth — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 7/13/05 — Daytime Phone #: 772-283-3585