

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 NOV -8 PM 12:45

SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

DOCUMENT # 716458

1. Corporation Name

THE GRAND LODGE KNIGHTS OF PYTHIAS, OF NORTH AMERICA, SOUTH AMERICA, EUROPE, ASIA, AFRICA, AND

Principal Place of Business

1040 BROAD ST.
P.O. BOX 2021
JACKSONVILLE FL 32203

Mailing Address

1040 BROAD ST.
P.O. BOX 2021
JACKSONVILLE FL 32203

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/29/1969

5. FEI Number

59-0596850

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
SD	WADE, GLEN	1408 MAUDE STREET	TALLAHASSEE FL
TD	PATTEN, HILLMAN D.	1962 HICKORY RUN, EAST	ORANGE PARK FL
D	ANDERSON, HOSEA	12412 SAN JOSE BLVD	JACKSONVILLE FL 32223
D	Johnson, Johnny	1002 Avenue-E	Ft. Pierce, Fl. 34950
TD	McQueen, William	2920 Rackley Dr.	Tallahassee, Fl. 32310

8. Name and Address of Current Registered Agent

ANDERSON, HOSEA
12412 SAN JOSE BLVD
JACKSONVILLE FL 32223

9. Name and Address of New Registered Agent

Name

Johnson, Johnny

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

1002 Avenue-E

Suite, Apt. #, Etc.

Ft. Pierce, Fl. 34950

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, and familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date 10/30/2000

REGISTERED AGENT MUST SIGN

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Johnny Johnson

10/30/2000

Date

904-354-3003

Daytime Phone #