	ļ	-	ı
--	---	---	---

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

06 JAN 12 PM 4: 36

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT #	716	458
	7 4	1-0

11.1

Signature of

11/21

1. Corporation Name

	The G	rand Louge	e knights of	Pythias,	Distribution of the
Of A	North ica an	America, nd Austral	South Ameri	ca, Europe, _A ction of Elo	s1a.
2. Principal Office Address		3. Mailing Office	Address		
1040 1	Broad	St.	P.O. Bo	x 2021	CR2E081 (8/05)
Suite, Apt. #,			Suite, Apt. #, etc.		
					4. Date Incorporated or Qualified To Do Business in Florida
City & State		City & State		7.0.4/22, 1986	
Jacksonville, FL		Jackson	ville, FL	5. FEI Number Applied For Not Applicable	
Zip		Country	Zip	Country	6.
3220	3	U.S.A.	32203	U.S.A.	CERTIFICATE OF STATUS DESIRED for a Certificate of Status
			7. Name	and Address of Current Re	egistered Agent
	Nome Gle	en Wade			
		iress (P.O. Box Numbe	r is Not Acceptable)		500065184485 02/03/0601047024 **131.25
		<u>98 Maude S</u>	treet		02/03/0601047024 ** 131.25
	Suite, Apt.	#, EIC.			
	City		<u></u>	, , , , , , , , , , , , , , , , , , , ,	State Zip Code
	Ta.	lahassee	=		FL B2330

Registered	Agent Flan War	ED AGENT MUST SIGN	Date <u>Dec 30, 2105</u>	
9. Name	es and Street Addresses of Each Officer and/or Direct	tor (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	
	Monette, Clarence	313 Avenue B Quarti	Port Saint Joe, FL 22	
:	Wade, Glen	1040 Broad Street	Jacksonville, FL 32203	
	Gunn, Henry	4639 Hosford Hwy.	Quincy, FL 32351	

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.

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.

SIC	~	. ~	 ~~
> II	-N.	4	 ~ ~

()	1	len	U	al.
IĆ NA	le i	IDE AND TYPED	OD DOINTE	D NAME

27

January 19, 2006

COPY

Via Hand Delivery

Office of the Secretary of State Of Florida

Re: The Grand Lodge Knights of Pythias, or North America, South America, Europe, Asia, Africa and Australia, Jurisdiction of Florida, Inc.

TO WHOM IT MAY CONCERN:

I am the keeper of the records for the above-referenced corporation and I did not receive the annual packet for 2004.

Please contact my Attorney, Roosevelt Randolph, (850) 222-3768 should you have any questions or need additional documents or information.

Thank you for your assistance with this matter.

Sincerely,

Glen Wade

\ps

OF JAN 20 AH II: 31