

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


08 APR 10 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-08

CR2E081 (12/07)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **716458**

1. Corporation Name **The Grand Lodge Knights of Pythias
of North America, South America, Europe,
Asia, Africa, and Australia, Jurisdiction
of Florida Inc.**

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

1090 Broad St.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 2021

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip

Country

Zip

Country

32203

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-05910850

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 **Roosevelt Randolph**

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

3065 Highland Oaks Terrace

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

☒ 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

R. H. Randolph

REGISTERED AGENT MUST SIGN

Date

4/10/08

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
Chairman	Monette, Clarence	313 Avenue B	Port Saint Joe, FL 32456
Treasurer	Wade, Glen	1040 Broad St	Jacksonville, FL 32203
Vice Chairman	Gunn, Henry	4639 Husted Hwy	Quincy, FL 32351
Guard	Roosevelt Randolph	3029 Hawks Blvd	Tallahassee, FL 32312
Attorney			

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 contained in Chapter 119, 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:

R. H. Randolph

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-08

Date

222 3768

Daytime Phone #

204/10