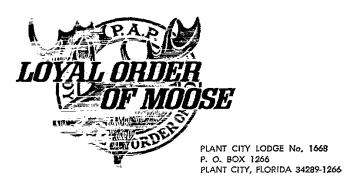
		PI FASE READ	 		 IONS	REFORE	OMDI ET	ING THIS FOR	NA S		
PLEASE READ ALL INSTRUCTIONS BEFO APPLICATION FLORIDA DEPARTMENT OF S Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS							FILED 98 NOV 23 PM 2: 54				
DOCUMENT # 726317 1. Corporation Name								SECRETARY OF STATE TALLAHASSEE, FLORIDA			
PLANT CITY LODGE NO. 1668 LOYAL ORDER OF MOOSE, INC.											
Principal Place of Business Mailing Ad				ress			Ì				
				9. BOX 1266 NNT CITY FL 33564			600027037161				
If above addresses are incorrect in any way, line through incorrect information and enter correction below.							-12/04/3801103001 ******61 25 *****61 25				
				lew Mailing Office Address, If Applicable				4. Date Incorporated or Qualified To Do Rusiness in Florida			
Suite, Apt. #, etc. Suite, a				etc.			05/03/1973				
City & State	3	City & State				5. FEI NUMBE	23-7131144		Applied For Not Applicable		
Zip Country			Zip Countr			у	6. CERTIFICAT	E OF STATUS DESIRED	\$8.75 Addition	onal Fee required	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)											
Titte(s) 1	Name of Officers and/or Directors			Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Number				City / State / Zip			
D 2	HAWES;C	808-EXALEXANDER-ST. XAPT 508			xx r/ank/sirvel/33666 /x						
DT 2	NEWKIRK,	1506 EXHIBOSA DR.X				PLANT CITY S 3586 X					
D . 3	*BRNESK*****				2228 BENNETT RO			PLANTO RYNE 33565×××			
D.	William Baker 1			□3518□lindseyTst				DOVER :FL+:::33527			
DT	RAYMOND SWEENEY			3507 N.GALLAGERERD.RD.				PLANT CITY FL. 33565			
D _	FT5]	2425 KEYSVILLE				LITHIA FL. 33547					
BENNETI XGEORGEAEX 2226 BENNETI ROXX						Name RISK_LI Street Address (P 2425 Suite, Apt. #, Etc.	P.O. Box Number is Not Acceptable) KEYSVILLE DR.				
City LITHIA							State Zip Code FL 33547				
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Date /// / 9 7 REGISTERED AGENT MUST SIGN											
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No \(\sum_{\text{on intangible tax.}}\)											

12. 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 AND TYPED OR ERINTED PLANE OF SIGNING OFFICER OR DIRECTOR



TO WHOM IT MAY CONCERN:

11-18-98

I HAVE MADE CORRECTIONS ON THE ENCLOSED FORM I HAVE JUST HAD TO ASSUME THE DUTY OF ADMINISTRATOR FOR OUR LODGE AND IN SO DOING I WAS LEAD TO BELIEVE THAT YOUR INVOICE WAS PAID BUT IN GOING THROUGHTTHE BOOKS ITCWAS BROUGHT TO MY ATTENTION THAT IT WAS NOT PAID. I THEREFORE CONTACTED YOUR OFFICE AND WAS TOLD THAT IT WAS NOT PAID AND I WAS INFORMED TO PAY THE AMOUNT OF \$61.25. TODAY I AM ENCLOSING A CHECK TO YOU FOR THAT AMOUNT AND I AM APOLOGIZING FOR ANY INCONVIENCE THAT THIS MAY HAVE CAUSED, ALONG WITH OUR CHECK YOU WILL FIND ENCLOSED THE CORRECTED FORM.

SINCERLY,

LEOYD RISK

ADMINISTRATOR