

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT



NOV 23 PM 2:54  
FILED

98 NOV 23 PM 2:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 726317

1. Corporation Name

PLANT CITY LODGE NO. 1668 LOYAL ORDER OF MOOSE, INC.

Principal Place of Business

Mailing Address

4573 HWY 574 W.  
PLANT CITY FL 33567  
US

P.O. BOX 1266  
PLANT CITY FL 33564  
US

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

05/03/1973

5. FEI Number

23-7131144

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	<del>DAWES, CHARLES W. II</del>	<del>802 E. ALEXANDER ST. APT 505</del>	<del>PLANT CITY FL 33566</del>
DT	<del>NEWKIRK, HARRY</del>	<del>1508 E. MIAMI DR.</del>	<del>PLANT CITY FL 33566</del>
D	<del>BENNETT, GEORGE F.</del>	<del>2226 BENNETT RD.</del>	<del>PLANT CITY FL 33565</del>
D	William Baker	3518 Lindsey St.	DOVER FL 33527
DT	RAYMOND SWEENEY	3507 N. GALLAGHER RD.	PLANT CITY FL. 33565
D	RISK, LLOYD	2425 KEYSVILLE DR.	LITHIA FL. 33547

8. Name and Address of Current Registered Agent

BENNETT, GEORGE F.  
2226 BENNETT RD.  
PLANT CITY FL 33565

9. Name and Address of New Registered Agent

Name

RISK, LLOYD

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

2425 KEYSVILLE DR.

Suite, Apt. #, Etc.

City

LITHIA

State

FL

Zip Code

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

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

11/17/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/17/98 (813) 752 5617

Daytime Phone #

CR2E040 (9/98)



PLANT CITY LODGE No. 1668  
P. O. BOX 1266  
PLANT CITY, FLORIDA 34289-1266

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 THROUGH THE BOOKS IT WAS 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,

LLOYD RISK  
ADMINISTRATOR