PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT 24 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 729399

1. Corporation Name

RABIA TEMPLE NO. 8 ANCIENT EGYPTIAN ARABIC ORDER , NOBLES OF THE MYSTIC SHRINE OF N & SA & J P.H.

Principal Place of Business	Mailing Address
3707 NORTH LIBERTY STREET P.O. BOX 41364 JACKSONVILLE FL 32203-1403	3707 NORTH LIBERTY STREET P.O. BOX 41364 JACKSONVILLE FL 32203-1403

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

REINSTATEMENT 02

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: 04/18/1974

5. FEI Number: 23-7536446 ☐ 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
T	RILEY, EDWARD D SR.	P.O. BOX 40172	JACKSONVILLE FL 32203
D	~~DORSEY, TRAVIS L~~ Dennis, Earl	~~12313 TIGER CREEK LANE~~ PoBox 27062	JACKSONVILLE FL ~~32225~~ 32226
D	~~TRIMBLE, DONOVAN E~~ Ross, Anthony L.	~~5700 DIAMOND STREET~~ 7639 Pilgrims Trace Dr.	JACKSONVILLE FL ~~32208~~ 32244
D	BLACKSHEAR, WILLIE W	8914 GREENLEAF RD.	~~JAX FL~~ 100855105 1 10/23/02--01093--001 **236.25
D	TAYLOR, EDDIE L	3139 KENISTON RD.	JAX FL
S	ROLLINS, ROBERT L SR.	5037 PORTSMOUTH AVENUE	JACKSONVILLE FL 32208

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
WILCOX, JESSE 11405 MANATEE DRIVE JACKSONVILLE FL 32218	Name: Donovan E Trimble Street Address (P.O. Box Number is Not Acceptable): 5700 Diamond St. Suite, Apt. #, Etc.: City: Jacksonville State: FL Zip Code: 32208

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED Donovan E. Trimble Date: 10-21-2002
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 Donovan E. Trimble 10-21-2002 (904) 607-4455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #