

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 732611

1. Corporation Name

Loyal Order of Moose Sebastian river 1767

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

9250 US Hy 1

Suite, Apt. #, etc.

City & State

Micco Florida

Zip

32976

Country

3. Mailing Office Address

9250 US Hy 1

Suite, Apt. #, etc.

City & State

Micco Florida

Zip

32976

Country

7. Name and Address of Current Registered Agent

Name

Corporation Service Co.

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

4. Date incorporated or Qualified

To Do Business in Florida 0429/1975

5. FEI Number

51-0144095

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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

Date

REGISTERED AGENT MUST SIGN

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
P	ted Kiwior	938 Perininkle Cir	Barefoot Bay Fl 32976
V	Bob Green	463 Papaya Cir	Barefoot Bay Fl 32976
T	Ed Layton	902 Frangi pani Dr	Barefoot Bay Fl 32976
S/M/D	Lee Singleton	PO Box 589	Grant Fl 32949

10. E-mail Address: LODGE 1767@MOOSEUNITS.ORG

(To be used for future annual report notification)

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. I further certify, 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:

Lee Singleton

1/25/2010

561-707-1645

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #