PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JUL 22 AM 10: 58

KS

DOCUMENT # 733630

1. Corporation Name STUART LODGE #2337 OSIA HOUSE CORPORATION, INCORPORATED

REINSTATEMENT 09-10

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
43 KINDRED ST.		PO Box 2711	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State STUART FL.		City & State STUART, FL	
Zip 34995	Country USA	Zip 34995	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 08/20/1975

5. FEI Number 65-0339045 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

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7. Name and Address of Current Registered Agent

Name JOSEPH MERENDINO

Street Address (P.O. Box Number is Not Acceptable) 3965 NW DEER OAK DRIVE

Suite, Apt. #, Etc.

City JENSEN BEACH State FL Zip Code 34957

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 Joseph Merendino Date 7/19/10
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
PRES	ROBERT PIETRUCCI	5392 SE ACADIA TERR.	HOBE SOUND, FL. 33455
VP	BRUNO BUCCO	2327 SE HARRISON ST.	STUART, FL 34997
TREAS	JOSEPH MERENDINO	3965 NW DEER OAK DR.	JENSEN BEACH, FL 34957
SEC'Y	ESTELA WILCHAK	4054 SE FAIRWAY EAST	STUART, FL 34997
TRUSTEE	JOHN RUSSO	2593 SE MILKY WAY	STUART, FL 34994
TRUSTEE	PASQUALE VOLPE	2974 SW BRIGHTON WAY	PALM CITY FL. 34990

10. E-mail Address: RETIREDVP@COMCAST.NET
(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: Joseph Merendino 7/19/10 (772) 219 2292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #