

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JAN 26 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 738047

1. Corporation Name

NORTH MIAMI LODGE No. 1656, LOYAL ORDER
OF MOOSE, INC.

900086810919
01/31/07--01031--025 **420.00

2. Principal Office Address

25 NW 150 ST.

3. Mailing Office Address

25 NW 150 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NORTH MIAMI, FL

City & State

NORTH MIAMI, FL

Zip

33168

Country

Zip

33168

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2/8/77

5. FEI Number

59-0938049

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

7. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

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

1200 S. PINE ISLAND ROAD

Suite, Apt. #, Etc.

250

City

PLANTATION

State

FL

Zip Code

33324

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

Peter F. Souza
Assistant Secretary

Date

1/25/07

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
D	JOHN R. LEISENRING	5408 STIRLING RD.	DAVIE, FL 33314
D	RICHARD F. OTIS	14845 NW 11 CT.	MIAMI, FL 33168
D	JAMES WILSON	66 NW 151 ST.	MIAMI, FL 33168
D	CLIFTON L. TRUSSELL	851 NE 137 ST.	NORTH MIAMI, FL 33161
D	WILLIAM OVERBECK	15495 NW 2 CT.	NORTH MIAMI, FL 33168
D	PATRICK J. CROWE	5309 W. PARK RD.	HOLLYWOOD, FL 33021

10. 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 contained in Chapter 119, 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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/07

Date

305-687-7363

Daytime Phone #

B. Mitchell JAN 26 2007