


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 738950			
1. Corporation Name St Augustine Lodge NO. 1017, Loyal Order of Moose, Inc.			
2. Principal Office Address Same		3. Mailing Office Address 1805 Century Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
St Augustine, FL		St Augustine, FL	
Zip	Country	Zip	Country
32084	US	32084	US

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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4. Date Incorporated or Qualified To Do Business in Florida 3-14-02	
5. FEI Number 590696275	Applied For <input checked="" type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Lexis Document Services INC	
Street Address (P.O. Box Number is Not Acceptable) 3953 WW Kelly Road	
Suite, Apt. #, Etc.	
City Tallahassee	State FL
Zip Code 32301	

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 Michael A. Turner		Date 3-14-02	
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	Samie Hill	169 Egnat Rd	St Augustine, FL 32086
ST	Arthur Capo	1815 Century Blvd	St Augustine, FL 32084
T	Virgil Fox	2879 N 1st Street	St Augustine, FL 32084
T	Leo Lewis	3149 Ponce de Leon Blvd #5	St Augustine, FL 32084
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 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: Arthur Capo		3-14-02 8295035	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

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