

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

05 JAN 12 PM 2:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 738 950

**1. Corporation Name**

ST AUGUSTINE LODGE No. 1017  
LOYAL ORDER OF MOOSE INC.

**2. Principal Office Address**

1805 CENTURY BLVD  
Suite, Apt. #, etc.

**3. Mailing Office Address**

1805 CENTURY BLVD  
Suite, Apt. #, etc.

**City & State**

ST. AUGUSTINE FL

Zip 32084  
Country USA

**City & State**

ST. AUGUSTINE FL

Zip 32084  
Country USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

05/05/1977

**5. FEI Number**

590696275

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$3.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 03-04**  
MRS

**7. Name and Address of Current Registered Agent**

**Name**

G.T. CORPORATION SYSTEMS

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

1200 SOUTH PINE ISLAND RD.

**Suite, Apt. #, Etc.**

**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

Barbara A. Burke

**BARBARA A. BURKE**

**SPECIAL ASSISTANT SECRETARY**

Date

1-10-04

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
ADMINISTRATOR	ARTHUR CAPO	1805 CENTURY BLVD	ST. AUGUSTINE FL 32084

200044635662  
01/12/05--01047--018 \*\*297.50

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-04 904-814-4550

CR2E081 (10/02)