

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 MAY 10 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 746232

1. Corporation Name

FLAGLER COUNTY LODGE No. 895,
LOYAL ORDER OF MOOSE

600005598326--0
-05/22/02--01059--038
****297.50 ****297.50

2. Principal Office Address

111 S. RAILROAD ST.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 350189

Suite, Apt. #, etc.

City & State

BUNNELL, FLORIDA

Zip

32110

Country

USA

City & State

PALM COAST, FLORIDA

Zip

32135-0189

Country

U.S.A.

REINSTATEMENT 01-02

4. Date Incorporated or Qualified
To Do Business in Florida

3/13/1979

5. FEI Number

59-2454773

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

NORMAN R. MUGFORD - ADMINISTRATOR

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

14 BUD HOLLOW DRIVE

Suite, Apt. #, Etc.

City

PALM COAST

State

FL

Zip Code

32137

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 5/5/02

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	EDWIN HYNES	36 SOUTH SHADY LANE So.	PALM COAST, FL. 32137
VP	ANDY MILLMAN	P.O. Box 2913	BUNNELL, FL. 32110
D	NORMAN R. MUGFORD	14 BUD HOLLOW DR. PALM COAST, FL. 32137	PALM COAST, FL. 32137
T	ODIS OSBORNE	429 OLD HAW CREEK RD.	BUNNELL, FL. 32110
D	GENE H. SHROYER	P.O. Box 2554	BUNNELL, FL. 32110
D	STEVE KUTSCHYNSKI	1931 S. DAYTONA AVE.	FLAGLER BEACH, FL 32136

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)(l), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/5/02

Daytime Phone #

386-445-7936