

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 NOV -4 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-08

600137614026
11/04/08--01025--012 ***428.75

CR2E081 (10/08)

DOCUMENT # 766007

1. Corporation Name

St. James Lodge No 83, INC

2. Principal Office Address - No P.O. Box #

670 N.W. 22nd Road

Suite, Apt. #, etc.

3. Mailing Office Address

1117 N.W. 5th Street

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, Fla

Zip 33311

Country

Broward

City & State

Ft. Lauderdale, Fla

Zip 33311

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

12/06/82

5. FEI Number

N/A

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

Wilford Monroe

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

3815 N.W. 3rd Street

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33311

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Wilford Monroe

REGISTERED AGENT MUST SIGN

Date

10/30/08

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
PD	John S. Jackson, Jr	1117 N.W. 5th St	Ft. Lauderdale, Fla 33311
VD	Ethel Monroe	3815 N.W. 3rd St.	Ft. Lauderdale, Fla 33311
SD	Betty Williams	560 S.W. 30th Ave	Ft. Lauderdale, Fla 33311

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:

John S. Jackson, Jr - John S. Jackson, Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/30/08 (954) 494-8240

Daytime Phone #