

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 766007

1. Corporation Name

St. James Lodge No. 83, Inc.

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

670 NW 22nd Road

Suite, Apt. #, etc.

3. Mailing Office Address

560 SW 30th Avenue

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

33311

Country

USA

Zip

33312

Country

USA

7. Name and Address of Current Registered Agent

Name

Betty B. Williams

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

560 SW 30th Avenue

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33312

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

Betty B. Williams

REGISTERED AGENT MUST SIGN

Date 10/06/09

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
PRES	Betty B. Williams	560 SW 30th Avenue	Fort Lauderdale, FL 33312
VPRES	James Peavy	7883 Hampton Boulevard	N. Lauderdale, FL 33068
RECS	Cherolyn Thompson	1401 NW 18th Drive, #105	Pompano Beach, FL 33069
FINSE	Mary Thomas	421 NW 33rd Way	Fort Lauderdale, FL 33311
TRES	Willie Mae Thomas	1471 NW 31st Way	Fort Lauderdale, FL 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:

Betty B. Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/06/09

Date

954-583-6427

Daytime Phone #

FILED

09 OCT -9 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200161542032
10/09/09--01029--007 **236.25

REINSTATEMENT 09

4. Date Incorporated or Qualified
To Do Business in Florida

N/A

5. FEI Number

N/A

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ 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.