

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAY -1 PM 12: 08

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # C10384

1. Corporation Name

Adoniram Council No 10, Royal and Select Master

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

150 West 20th Street

Suite, Apt. #, etc.

3. Mailing Office Address

150 West 20th Street

Suite, Apt. #, etc.

City & State

Hialeah, FL

City & State

Hialeah, FL

Zip

33011

Country

USA

Zip

33011

Country

USA

700155085457
05/01/09--01021--016 **183.75

REINSTATEMENT 07-09

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

06/15/1953

5. FEI Number
59-1833281

☐ 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

Eduardo L Brandao

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

2600 NE 27th Terrace

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33306

☒ 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**

Date 27 APRIL 2009

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
P	Ishmael A. Morin	421 NW 30th Place	Miami, FL 33125
S	James C Gregory, Jr.	13600 NW 1st Avenue	Miami, FL 33168
T	Eduardo L Brandao	2600 NE 27th Terrace	Hollywood, FL 33006
			FT LAUDERDALE FL 33306

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27 APRIL 2009

Date

9549679999

Daytime Phone #

5/20