## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORAT REINSTATEM	200 200 200 200 200 200 200 200 200 200	Secre	ARTMENT OF STATE etary of State of Corporations	•		04 NOV	FILED 23 AM 10: 28
DOCUMENT # NOODOOD 6296  1. Corporation Name MASONIC DESCANDANTS OF THE PYRAMIOS, INC.				SECRETARY OF STATE TALLAHASSEE, FLORIDA BOOO43300098 12/03/0401026005 **428.75			
2 Principal Office Addr 511 NW 35 Suite, Apt. #, etc.		3. Mailing Office Address For Mee SI NW 33 Por Mee Suite, Apt. #, etc.		EMSTATEMENT OLUM			
City & State	RDACE. FL	City & State FT. LAUDERDAVE, F-C		4. Date incorporated or Qualified To Do Business in Florida  JUNE 5, 2000  5. FEI Number  Applied For			
Zip 33311	Country	zip 333/	Country	Not Applicable  S8.75 Additional Fee requirec for a Certificate of Status			
7. Name and Address of Current Registered Agent  Name JOSHUA DAVID SCRUGGS  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City FORT LAUDENDAVE  State Zip Code 33311							
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 Column County Cou							
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)							
Titles	Name of Street Address of Ea Officers and/or Directors Officer and/or Direc			Ci	ty / State / Zlp		
P GEOR	GEORGE JOHNSON 570 E. CAMPU				PLANTY 3331.	TION, 1	~~
VI WILLIE ALLON 4421 NW 13th ST LAUDERHILLY EL							
DERN	EST M	URIZAY 40	ON NW 25th	\S7	LAUDEN 3331	13, FC	
DKA	INETH YI	ATES 68	372 W. VIRGO	NDA AU	JACKSON 322	JYELLE,	FC
D Acer	ANDER 5	mITH 56	9 STRATHCLY	DE CT	APOPICA	FL	<del></del>
		-	,	Rul	2,0		
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 filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 807,0401 or 617,0401, F.S., that all fees owed by the corporation have been paid and the names of individuals fisted 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.  C9.54)  SIGNATURE:  SIGNATURE:  SIGNATURE AND TYPET OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Description of 617, F.S. I further certify that when filling this reinstate of 617, F.S. I further certify that when filling this reinstate on 617, F.S. I further certify that when filling this reinstate on 617, F.S. I further certify that when filling this reinstate on 617, F.S. I further certify that when filling this reinstate on 617, F.S. I further certify that when filling this reinstate on 617,0401, 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.  C9.54)  SIGNATURE:  Date  Da							