

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NO1000007370

1. Corporation Name

North Hillsboro Lodge No. 1741 Loyal Order of
8908 Lake Sunset Dr. Moose Lodge 1741 MODELINE
Tampa, Fl. 33626-4300

2. Principal Office Address

8908 Lake Sunset Drive
Suite, Apt. #, etc.

City & State

Tampa, Fl.

Zip

33625

Country

Hillsboro

3. Mailing Office Address

8908 Lake Sunset Drive
Suite, Apt. #, etc.

City & State

Tampa, Fl.

Zip

33625

Country

Hillboro

REINSTATEMENT

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

JAN 23, 1976

5. FEL Number

59-1583367

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

WILLIAM P. WRIGHT, Inc.

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

9140 McMillan Ln.

Suite, Apt. #, Etc.

8835 Poe Drive

City

TAMPA Cell 295-9956 PIERRE

State

FL

Zip Code

33625

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

William P. Wright 920-3357 work

Date 10/25/04

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
Gov.	WILLIAM P. WRIGHT	9140 McMillan Ln.	TAMPA, Fl. 33625
Tres.	Doug Owens	8905 Elm Court	TAMPA, Fl. 33625
Trustee	FRANK WARD	8835 Poe Drive	TAMPA, Fl. 33625

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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)(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.

SIGNATURE: William P. Wright WILLIAM P. WRIGHT

Date

10/25/04

Daytime Phone #

20/2

To Whom it may concern,

We were late on our payment due to the situation one of our State officers was supposed to ~~have taken care of this and~~ he had a heart attack. We are a tax free fraternity. Please forgive us for this situation, we take care of the elderly and children.

Thank you very much
for your attention.

Governor Wilbur P. Wright