

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 24 PM 12:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N02000002824

1. Corporation Name

APALACHEE LODGE NO. 2603, LOYAL ORDER OF MOOSE,  
INC.

Principal Place of Business

P.O. Box 1156  
330-010-01-0001

CARRABELLE FL 32322

Mailing Address

P.O. Box 1156  
330-010-01-0001

CARRABELLE FL 32322

REINSTATEMENT 03



400024055594

10/24/03--01002--004 \*\*61.25

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/10/2002

5. FEI Number

☒ Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	REED, MICHAEL J	1724 CARABELLE BCH DR.	CARRABELLE FL 32322
V	BROWN, JOE	83 HIGHWAY 98	EASTPOINT FL 32328
S	NICHOLSON, ROBERT SR	P. O. BOX 991	CARRABELLE FL 32322
D	HUMBLE, JOHN	1529 MAXINE RD.	CARRABELLE FL 32322
D	MASSEY, TOMMY	301 BAYWOOD DR.	CARRABELLE FL 32322
D	SLOTIN, MICHAEL	P. O. BOX 1363	LANMARK VILLAGE FL 32323

8. Name and Address of Current Registered Agent

C-T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE

Date

REGISTERED AGENT MUST SIGN

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Nicholson

Date

Daytime Phone #

850-697-2429 or  
697-2603  
10/17/03

Oct 23, 2003

Dear Sirs:

We have not been receiving any mail from you. I do not know where this address came from, but it is wrong as you can see from the enclosed cover. I also called and spoke with someone in your office.

Please send any future mail to P.O. Box 1156, Carrabelle, FL 32322

Thank you,

Robert Nicholson