
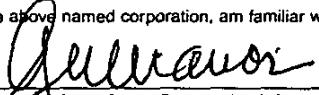
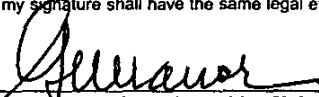


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<div style="display: flex; align-items: center; justify-content: center;"><div style="text-align: center;"><b>CORPORATION REINSTATEMENT</b></div><div style="text-align: center; margin: 0 10px;"></div><div style="text-align: center;"><b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS</div></div>		<div style="text-align: center;">FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  05 JAN 10 PM 1:14</div>	
<b>2005 ANNUAL REPORT</b>			
<b>DOCUMENT # NO 2000004703</b>			
<b>1. Corporation Name</b> PATRICK HENRY-SEBASTIAN RIVER NEST 272 FRATERNAL ORDER OF ORIOLES, INC			
<b>2. Principal Office Address</b> 9330 U.S.#1 <small>Suite, Apt. #, etc.</small>		<b>3. Mailing Office Address</b> PO BOX 1236 <small>Suite, Apt. #, etc.</small>	
<b>City &amp; State</b> MICO, FLORIDA		<b>City &amp; State</b> ROSELAND, FLORIDA	
<b>Zip</b> 32976	<b>Country</b> USA	<b>Zip</b> 32957	<b>Country</b> USA
<b>4. Date Incorporated or Qualified To Do Business in Florida</b> MARCH 16, 2004		<b>5. FEI Number</b> 65-0346493	
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/>		<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
		<b>\$8.75 Additional Fee required for a Certificate of Status</b>	
<b>7. Name and Address of Current Registered Agent</b>			
<b>Name</b> GEORGE W. MANOR			
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 590A NORTH TROPIC LANE			
<b>Suite, Apt. #, Etc.</b> 100044407221 01/10/05--01033--006 **70.00			
<b>City</b> VERO BEACH, FLORIDA		<b>State</b> FL	<b>Zip Code</b> 32960
<b>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.</b>			
<b>Signature of Registered Agent</b> 		<b>Date</b> Jan. 2005	
<b>REGISTERED AGENT MUST SIGN</b>			
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
PRES	ANDREW SHAND	11335 INDIAN RIVER DR	SEBASTIAN, FL 32958
V.PRES	JOHN NEVILLE	904 WEST DOLPHIN	BAREFOOT BAY FL 32976
SEC	VINCENT BORST	527 PUFFIN DR.	BAREFOOT BAY, FL 32976
TREAS	GEORGE W MANOR	590A NO. TROPIC LANE	VERO BEACH FL 32960
TRUSTEE	JAMES PAWLISKI	7955 129th STREET	ROSELAND FL 32957
TRUSTEE	ROBERT TWEEDIE	1450 128th LANE	SEBASTIAN FL 32958
<b>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.</b>			
<b>SIGNATURE:</b> 			
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>			
<b>Date</b>		<b>Daytime Phone #</b>	

CR2E081 (9/01)