

APPLICATION  
FOR  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 JAN 31 PM 2:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N07201

1. Corporation Name

WINTER HAVEN SHRINE CLUB HOLDING CORPORATION

Principal Place of Business

4800 LYNCHBURG RD  
PO BOX 851  
WINTER HAVEN FL 33882-0851  
US

Mailing Address

PO BOX 851  
WINTER HAVEN FL 33882-0851  
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

REINSTATEMENT 99-00

4. Date Incorporated or Qualified  
To Do Business in Florida

01/21/1985

5. FEI Number

59-3280102

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)  | 2<br>Name of Officers<br>and/or Directors  | 3<br>Street Address of Each<br>Officer and/or Director      | 4<br>City/State/Zip                                     |
|-----------|--|---|---|
| 1<br>PRES | <del>RD MENDELING, R D</del><br>C. B. HIPP | <del>POB 1010</del> 818 LK JESSIE DR                        | <del>WINTER HAVE FL 33882</del> 33881                   |
| VD<br>TR  | TUHEY, R L<br>KEN KENT                     | <del>720 LAKE HENRY COURT</del> 111 W 6 TO<br>3000 TOWER RD | <del>WINTER HAVEN FL 33881</del><br>PDK CITY, FL 33868  |
| VD<br>TR  | EISINGER, R H<br>John Chaney               | 3040 LK HARTBRIDGE DR<br>203 COLLIER DR SE                  | WINTER HAVEN FL 33884                                   |
| VD<br>TR  | <del>BOOK, G H</del><br>JACK SUTHERLAND    | 607 SWEETWATER WAY<br>879 TERRACE DR                        | <del>HAINES CITY FL 33844</del> 33839<br>EAGLE LAKE, FL |
| 8D<br>TR  | SCHAEFFER, R E<br>JOHN PARSONS             | 140 WHITE CLIFF BLVD 2060 US<br>HY 27N Lot 97               | <del>AUBURNDALE FL 00023</del><br>LAKE WALES, FL 33853  |
| TR        | SCHAEFFER, R E<br>JAMES GARDNER            | 140 WHITE CLIFF BLVD<br>1160 S. BUENA VISTA DR              | <del>AUBURNDALE FL 00023</del><br>LAKE ALFRED, FL 33850 |

8. Name and Address of Current Registered Agent

SCHAEFFER, R E  
140 WHITE CLIFF BLVD  
AUBURNDALE FL 33823  
sidney R. Bedore  
1415 GRAND CAYMAN

9. Name and Address of New Registered Agent

Name  
SIDNEY R. BEDORE T  
Street Address (P.O. Box Number is Not Acceptable)  
1415 GRAND CAYMAN CIRCLE  
Suite, Apt. #, Etc.  
City  
WINTER HAVEN  
State  
FL  
Zip Code  
33884

TR = TRUSTEE

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.

Signature of  
Registered AgentSignature of Registered Agent  
SIDNEY R. BEDORE  
REGISTERED AGENT MUST SIGN

Date JAN 24, 2000

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

Date

Daytime Phone #

KE

check 1098 1/26/2000 236 25