

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 AUG -4 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **11000010921**
1. Corporation Name
FOUNTAIN OF YOUTH LODGE #649 INC

2. Principal Office Address - No P.O. Box #
100 Washington, ST
Suite, Apt. #, etc.
City & State
ST Augustine
Zip
32084 Country
ST Johns

3. Mailing Office Address
Suite, Apt. #, etc.
City & State
Zip
Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
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
David N. STROMAN, JR
Street Address (P.O. Box Number is Not Acceptable)
882 W. 3rd ST. (32084)
Suite, Apt. #, etc.
City
ST Augustine State
FL Zip Code
32084

900274387549
07/23/15--01032--003 **70.00

900274387549
06/24/15--01025--017 **297.50

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 **David N. Stroman, Jr.** Date **6-19-15**
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
Ex. Pres	George L. STROMAN	43 Selma Trails	Valm Coast FL 32164
Trustee	David N. STROMAN	P.O. BOX 3295	ST Augustine, FL 32085
Sec.	Willie H. Williams	P.O. BOX 4494	ST Augustine, FL 32085

10. E-mail Address: **will61390ca@aol.com**
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE: **David N. Stroman, Jr.** Date **6-19-15** 904-824-4932
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #