


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED 01 SEP 18 AM 11:02 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # N28859 1. Corporation Name Parkland F.O.P. Lodge #110				
2. Principal Office Address 6600 N. University Dr Suite, Apt. #, etc.		3. Mailing Office Address 6600 N. University Dr. Suite, Apt. #, etc.		
City & State Parkland Fla		City & State Parkland Fla		4. Date Incorporated or Qualified To Do Business in Florida 10/13/88 5. FEI Number 65-0236124 Applied For Not Applicable
Zip 33067	Country USA	Zip 33067	Country USA	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status				98-01 [Signature]

7. Name and Address of Current Registered Agent Name Gary R. Brown Street Address (P.O. Box Number is Not Acceptable) 6600 N. University Drive Suite, Apt. #, Etc. Public Safety Dept. City Parkland, FL State FL Zip Code 33067		400004610034-9 -03/25/01--01029--029 *****420.00 *****420.00
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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 [Signature] Date 9/10/01

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
P/D	Brown, Gary	6600 N. University Dr	Parkland Fla 33067
V/D	Smith, Jeffery	6600 N. University Dr	Parkland Fla 33067
T/D	Solowsky, Greg	6600 N. University Dr	Parkland Fla 33067
S/D	DeRose, Tammy	6600 N. University Dr	Parkland Fla 33067

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: [Signature] 9/10/01 (954) 757-4126

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/00)