

2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N45737 1. Entity Name SCOTT'S TEMPLE LODGE #404 INTERNATIONAL MASON & EASTERN STARS INC.					
Principal Place of Business 9116 BITHLO LN TALLAHASSEE, FL 32312			Mailing Address P.O. BOX 7037 TALLAHASSEE, FL 32314		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent LANIER, HOMER W 2000 BUSHY HALL ROAD TALLAHASSEE, FL 32309				7. Name and Address of New Registered Agent Name TRUE HOLT Street Address (P.O. Box Number is Not Acceptable) 2131 N. MERIDIAN ROAD APT. 135 City TALLAHASSEE FL Zip Code 32302	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Jim Holt</i></u> <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE <u>3/23/11</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$297.50			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT GODWIN, JAMES 522 CAROLINA STREET TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY TRUE HOLT 2131 N. MERIDIAN ROAD APT. 135 TALLAHASSEE, FL 32302
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DFS LANIER, HOMER 2000 BUSHY HALL RD TALLAHASSEE, FL 32309	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPWM JOHNSON, ANDRE 9116 BITHLO LN TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900199117769 03/24/11--01001--019 **297.50
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LITTLE, LEROY 2317 OLIVER STREET TALLAHASSEE, FL 32310	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered					
SIGNATURE: <u><i>Jim Holt</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>3/23/11</u> (850) 264-9332 <small>Daytime Phone #</small>	

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



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