
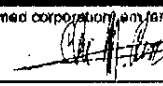
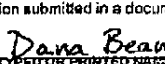


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	16 NOV -4 PM 3:37  SECRETARY OF STATE TALLAHASSEE, FLORIDA
<b>DOCUMENT #</b> N46066 1. Corporation Name Lake Wales Lodge No. 2391, Loyal Order of Moose, Inc.		CR2E081 (11/10)	
2. Principal Office Address - No P.O. Box # 3601 STATE RD 60 EAST Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.	
City & State LAKE WALES, FLORIDA		City & State	
Zip 33898	Country USA	4. Date Incorporated or Qualified To Do Business in Florida November 18, 1991 5. FEI Number 59-3079408 6. CERTIFICATE OF STATUS DESIRED <span style="font-size: small;">\$8.75 Additional Fee required for a Certificate of Status</span>	
7. Name and Address of Current Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Rd. Suite, Apt. #, Etc.		City Plantation State FL Zip Code 33324	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 817.0503, F.S. Signature of Registered Agent <u>Chris Rickard</u>  Date <u>11-04-16</u> 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
Pres	Robert Grose	2425 Live Oak Trail	Lake Wales, FL 33898
Sec	Dana Bean	322 Dove Ct	Lake Wales, FL 33859
Trea	Robert Gillespie	5412 Saddlebag	Lake Wales, FL 33898
<b>REINSTATEMENT</b> 2016			S. HAWKES NOV -7 AM EXAMINED
10. E-mail Address: <u>lodge2391@mooseunits.org</u> (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 817.0401, 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: <u>Dana Bean</u> <u>Dana Bean</u>  <u>11/4/16</u> <u>863-676-4355</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone			

\*\*\* PLEASE HONOR ORIGINAL DATE 11-04-16\*\*\*

Florida Department of State  
Division of Corporations  
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From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614) 280-3338  
Fax Number : (954) 208-0845

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

**CORPORATION REINSTATEMENT**  
**LAKE WALES LODGE NO. 2391, LOYAL ORDER OF MOOSE, INC**

Certificate of Status	0
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