

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 MAR -4 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000000491

1. Corporation Name

UNIVERSAL MASONIC BROTHERHOOD, INC

2. Principal Office Address

1709 N.E. Lambright St

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33610

Country

United States

3. Mailing Office Address

1709 N.E. Lambright St

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33610

Country

United States

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

FREDERICK McCOLLough

Street Address (P.O. Box Number is Not Acceptable)

1709 N.E. Lambright St.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33610

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

Frederick McCollough

Date

2/5/02

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	Frederick McCollough	1709 N.E. Lambright St.	Tampa, FL 33610
V	FREDERICK A. McCollough	931 Nina Elizabeth Cir	Brandon, FL 33511
S/T	Juanita McCollough	1709 N.E. Lambright St	Tampa, FL 33610
D	Dorothy West	4515 Frisco Circle	Orlando, FL 32808
D	Ernest Butler	3101 chipco St.	Tampa, FL 33605
D	Gregory Brown	2113 Beach St.	Tampa, FL 33607

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:

Juanita McCollough (Juanita McCollough) 2/5/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)