APPROVEL AND PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT	FLORIDA DEPARAMENTOF STATE Secretary of State DIVISION OF CORPORATIONS	08 APR 16 AM 8: 36 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # N9400003210 1. Corporation Name SOUTH FLORIDA MOOSE LEGION NO 46, INC.		4.17.08
2. Principal Office Address - No P.O. Box # 921 S \omega 132 Terr Suite, Apt. #, etc.	() 00 0 1 3 3 5 3. Mailing Office Address 921 5 \omega 132 fear Suite, Apt. #, etc.	500122711896 04/09/0801003019 **183.75 REINSTATEMENT 9
City 8 State DAVIE FLORIDA Zip Country 33325 U.S.A	City & State DAVIS FLORIDA Zip Country 33325 USA	To Do Business in Florida 6-24-/714 5. FEI Number S7-0757567 Not Applicable 6. CERTIFICATE OF STATUS DESIRED 88.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent Name WILLIAM CATLOW Street Address (P.O. Box Number is Not Acceptable) 921 5W 132 + exr Suite, Apt. #, Etc. City DAVIE To Code 133325		The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.
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 Date 4-2-08 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 Eac Officer and/or Directo	
Sec. WILLIAM CATLOU	921 5W 132 terr	DAVIG, FL. 33325
Pres. CHARLES TERREL	4911 NW 1 WA	Y - POMPAND-BEACH, FL-33064
V. Pars. WILLIAM Holzhaus	EX 261 SW 9 AUF	HALLENDALE, FL. 33009
Prelate John PAMICCIA	6935 SW 33 ST	DAVIE , FL 33314
FINANCE DARREN WILLIAM	133 NE 30 CT	WILTON MANONS, FL 33334
FRATERNAL CLIFTON TRUSSELL	851 NE 137 S	T Nour Miams, FL 33161
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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date		



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 9, 2008

SOUTH FLORIDA MOOSE LEGION NO 46, INC. 921 SW 132 TERRACE DAVIE, FL 33325 US

SUBJECT: SOUTH FLORIDA MOOSE LEGION NO 46, INC. Ref. Number: N94000003210.

We have received your document for SOUTH FLORIDA MOOSE LEGION NO 46, INC. and your check(s) totaling \$183.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

Provide the title(s) of each officer/director listed on the report or on an attachment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tyrone Scott Regulatory Specalist II

Letter Number: 608A00020980