

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
FILED

DOCUMENT # N 95 000005644

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1. Corporation Name
The Men of St. Luke Lodge #530, Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
400002281654--6
-08/28/97--01111--007
***306.25 ***306.25

Principal Place of Business: 17520 N.W. 9 PL MIAMI FLA 33169
Mailing Address: Letrell Lewis 17520 N.W. 9 PL MIAMI FLA 33169

REINSTATEMENT 96-97

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable: 17520 NW 9 Place, Suite, Apt. #, etc. c/o Letrell Lewis, Miami, FL 33169, Country USA

3. New Mailing Office Address, If Applicable: 17520 NW 9 Place, Suite, Apt. #, etc. c/o Letrell Lewis, Miami, FL 33169, Country USA

4. Date Incorporated or Qualified To Do Business in Florida: November 14, 1995

5. FEI Number: 65-0621743

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Clarence E. Potter, Jr.	18810 NW 44 court	Miami, FL 33056
D/T	Letrell Lewis	17520 NW 9 Place	Miami, FL 33169
D/S	Aaron J. Griffin	660 NW 177 street Apt-243	Miami, FL 33169
D	Tommy Kittrell	717 NW 109 Avenue	Pembroke Pines, FL 33026
D	John Zeigler	18501 NW 22 court	Miami, FL 33056
D	Anthony Graham	1421 NW 24 Ave	Ft. Lauderdale, FL 33311

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Odis Dickens 5741 Mayo Street Hollywood, Florida 33023		Name: Letrell Lewis Street Address (P.O. Box Number is Not Acceptable): 17520 NW 9 Place Suite, Apt. #, Etc.: City: Miami State: FL Zip Code: 33169	
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10. Being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *Letrell Lewis* REGISTERED AGENT MUST SIGN Date: August 13, 1997

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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: *Aaron J. Griffin* Aaron J. Griffin Date: 8/13/97 Daytime Phone #: (305) 893-8081

CR2E040 (1/2/96)