

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **N95000005644**

1. Corporation Name

THE MEN OF SAINT LUKE LODGE NUMBER 530, INC.

Principal Place of Business

Mailing Address

C/O LETRELL LEWIS
17520 N.W. 9 PLACE
MIAMI FL 33169

C/O LETRELL LEWIS
17520 N.W. 9 PLACE
MIAMI FL 33169



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified: ☒ To Do Business in Florida

11/28/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0621743

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
DT	LEWIS, LETRELL	17520 N.W. 9 PLACE	MIAMI FL 33169
DS	GRIFFIN, AARON J	660 N.W. 177 STREET, APT. 243	MIAMI FL 33169
D	KITTREL, TOMMY	717 N.W. 109 AVENUE	PEMBROKE PINES FL 33026
D	HENDERSON, JOHNNY	2405 FLETCHER STREET	HOLLYWOOD FL 33023
P	GRAHAM, ANTHONY	1421 N.W. 24 AVE.	FT. LAUDERDALE FL 33311

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LEWIS, LETRELL
17520 N.W. 9 PLACE
MIAMI FL 33169

Name

Street Address (P.O. Box Number is not acceptable)

10000000496731-4

Suite, Apt. #, Etc.

-12/12/00-01035-004
****236.25 ****236.25

City

State
FL

Zip Code

10. I, 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

SIGNATURE REQUIRED

Date **11/10/2000**

REGISTERED AGENT MUST SIGN

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 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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/00 C305-6211385
Date Daytime Phone #

CR2E040 (8/00)