PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	AND AND THE RESERVE OF THE PERSON OF THE PER	Tr.
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED
		2008 SEP 15 AM 10: 05
DOCUMENT # N960000028-3 1. Corporation Name		SECRETARY OF STATE TALLAHASSEE, FLORIDA
1. Corporation Name FLORIDA DISTRICT GRAND LODGE		# 11NC.
2. Principal Office Address - No P.O. Box # 284 NE 80 TERZ.	3. Mailing Office Address 9609 N.W. T.C.Z.	CR2E081 (12/07)
Suite, Aft. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida
MIAMI, FL.	blantation, Ph.	5. FEI Number Applied For Not Applicable
33/38 Country 4.S.A	33324 Country 4.S.A-	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name (2) 1 == 2 = 1		The reinstatement fee is imposed, except in
LUNOTER ALBAN CALDERON		circumstances which the entity did not receive
Street Address (P.O. Box Number is Not Acceptable)		the prior notices. By checking this box, you
Suite, Apt. #, Etc.		are certifying the prior notices were not received and requesting the reinstatement
4/9		fee be waived.
City PHANTATION	State Zip Code FL 3334	600136140156 09/19/0801008006 **122.50
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 9/11/08		
Registered Agent Pagent Pagent MUST SIGN		
9. Names and Street Addresses of Each Officer and/or Director (Florida appropriations must list he defection)		
Titles Name of Street Address of Each Officers and/or Directors Officer and/or Director Officer and/or Director		
D- COOPER JOSEPH-2768 N.W-47-LANE LANDERTHE LAND		
D BROWN RUDGLAH 17031 N.W 16 AVE. MAM, Th. 33/69		
D CALDERON ALBAN 9609 N.W 7th CIR. HANTATION TE. 23324		
D Collins ANSEL 761 N.W. 197 TERR. MIAM, FL. 33/69		
De Bailey BATRICK 7295 N.W 53 25. LANDER HILL Th. 3331		
HARRY DU FOUR 9330 DONHILL DR. MIRAMOR R. 33025		
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 filling 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.		
	O	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Desprime Phone #		