

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 24 PM 1:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

N98000002767

**1. Corporation Name**

I.O.O.F. Grand Ladies Encampment  
Auxiliaries of Florida, Inc.

W03 - 13951

**2. Principal Office Address**

2815 N. Second Street

Suite, Apt. #, etc.

**City & State**

N. Ft. Myers

**Zip**

33917

**Country**

Lee

**3. Mailing Office Address**

P.O. Box 4615

Suite, Apt. #, etc.

**City & State**

N. Ft. Myers

**Zip**

33918

**Country**

Lee

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

59-2409064

**Applied For**

Not Applicable

**6.**

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 03

000018306600

05/06/03--01106--019 \*\*306.25

000018306600

10/21/03--01028--004 \*\*175.00

**7. Name and Address of Current Registered Agent**

**Name**

Eda E. Baker, Grand Scribe

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

2815 N. Second St.

Suite, Apt. #, Etc.

**City**

N. Ft. Myers

**State**

FL

**Zip Code**

33917

**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

Eda E. Baker, Grand Scribe

Date

4/26/03

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
Grand Matriarch	Bessie Webb	309 N. Highland St.	Bushnell, FL 33513
<del>Grand Scribe</del>	<del>Eda E. Baker</del>	P.O. Box 4615	N. Ft. Myers FL 33918
Grand Treasurer	Shirley C. Dupree	1012 Ohio Ave. Ft. Pierce,	FL 34950-8117

**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:

Eda E. Baker, Grand Scribe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eda E. Baker, Grand Scribe

4/26/03

Date

239-656-6168

Daytime Phone #

CR2E081 (10/02)