

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 24 AM 10:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 729399

1. Corporation Name  
**RABIA TEMPLE NO. 8 ANCIENT EGYPTIAN ARABIC ORDER, NOBLES OF THE MYSTIC SHRINE OF N & SA & J P.H.**

Principal Place of Business	Mailing Address
3707 NORTH LIBERTY STREET P.O. BOX 41364 JACKSONVILLE FL 32203-1403	3707 NORTH LIBERTY STREET P.O. BOX 41364 JACKSONVILLE FL 32203-1403



REINSTATEMENT 02

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/18/1974	
City & State		City & State		5. FEI Number	
Zip		Country		23-7536446	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
T	RILEY, EDWARD D SR.	P.O. BOX 40172	JACKSONVILLE FL 32203
D	<del>DORSEY, TRAVIS L</del> DENNIS, EARL	<del>12312 TIGER CREEK LANE</del> PO Box 77062	JACKSONVILLE FL <del>32225</del> 32226
D	<del>TRIMBLE, DONOVAN E</del> ROSS, ANTHONY L.	<del>5700 DIAMOND STREET</del> 7639 PILGRIMS TRACE DR.	JACKSONVILLE FL <del>32208</del> 32244
D	BLACKSHEAR, WILLIE W	8914 GREENLEAF RD.	JAX FL 10/23/02--01093--001 **236.25
D	TAYLOR, EDDIE L	3139 KENISTON RD.	JAX FL
S	ROLLINS, ROBERT L SR.	5037 PORTSMOUTH AVENUE	JACKSONVILLE FL 32208

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
WILCOX, JESSE 11405 MANATEE DRIVE JACKSONVILLE FL 32218		Name DONOVAN F. TRIMBLE Street Address (P.O. Box Number is Not Acceptable) 5700 Diamond St. Suits, Apt. #, Etc.	
		City	State Zip Code
		Jacksonville	FL 32208

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. or 617.0505, F.S.

Signature of Registered Agent Donovan F. Trimble REGISTERED AGENT MUST SIGN Date 10-21-2002

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: Donovan F. Trimble 10-21-2002 (904) 607-4455  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2040 (802)