PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN -4 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 736239

1. Corporation Name

PALM BAY CHAPTER #2622 OF AARP, INC.

REINSTATEMENT 05-54

2. Principal Office Address		**3.** Mailing Office Address	
GLEN BROOKE AT PALM BAY			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
815 BRIAR CREEK BLVD. NE		1860 EVA LANE	
City & State		City & State	
PALM BAY, FL		MALABAR, FL	
Zip	Country	Zip	Country
32905	US	32950	US

4. Date Incorporated or Qualified To Do Business in Florida: 1976

5. FEI Number: 953029898 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: PABLO AMBAT

Street Address (P.O. Box Number is Not Acceptable): 1860 EVA LANE

500037670895
06/04/04--01059--001 **122 50

Suite, Apt. #, Etc.:

City: MALABAR | State: FL | Zip Code: 32950

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: 5-25-04

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
P	JESSIE WHITEMAN	1502 EAGLE AVENUE NW	PALM BAY, FL 32907
VP	SAMUEL MATSON	1600 SUNNY BROOK LN NE #F-205	PALM BAY, FL 32905
T	PABLO AMBAT	1860 EVA LANE	MALABAR, FL 32950
S	ELIZABETH MATSON	1600 SUNNY BROOK LN NE #F-205	PLAM BAY, FL 32905
D	ALMA PETERSON	927 PINE WALK CT NE	PALM BAY, FL 32905
D	EUNICE SCOTT	927 PINE WALK CT NE	PALM BAY, FL 32905

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: _____ PABLO AMBAT 407-674-0696 5/25/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #