PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

99-01 WBR

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 JUL 18 AM 8:50

DOCUMENT # 765362

1. Corporation Name
OKALOOSA COUNTY CHAPTER #3493 OF AMERICAN ASSOCIATION OF RETIRED PERSONS. INC.

400004488674--1
-07/23/01--01002--008
****183.75 ****183.75

2. Principal Office Address	**3.** Mailing Office Address
4034 DRIFTING SAND TRAIL	28 CHELSEA DR. N.W.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DESTIN, FL.	City & State: FT. WALTON BCH, FL.
Zip: 32541 Country: USA	Zip: 32547 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/11/82

5. FEI Number: 953764605 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

400004488674--1
-07/23/01--01002--009
*****26.25 *****26.25

Name: THERESA M. HOLLAND

Street Address (P.O. Box Number is Not Acceptable): 28 CHELSEA DRIVE N.W.

Suite, Apt. #, Etc.:

61.25=AR
122.50=

City: FORT WALTON BEACH State: FL Zip Code: 32547

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: Theresa M. Holland Date: 30 June 2001
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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
PRES	JEAN AMARO	4034 DRIFTING SAND TRAIL	DESTIN, FL. 32541
V.PR.	ETHEL DILLON	301 BRIAN CIRCLE	MARY ESTHER, FL. 32569
TREA.	THERESA HOLLAND	28 CHELSEA DR. N.W.	FT. WALTON BCH. FL. 32547
R.SEC.	ARTHUR THORNBURG	35 E. CASA LOMA DR.	MARY ESTHER, FL. 32569
DIR.	AL CAWRSE	79 CREST PLACE	DESTIN, FL. 32541
DIR.	HAL D. HOLLAND	28 CHELSEA DR. N.W.	FT. WALTON BCH. FL. 32547

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.

THERESA M. HOFLAND

850

SIGNATURE: Theresa M. Holland 30 June '01 862-2309
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #