PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 2002 UBP2

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 NOV -7 AM 8:01

DOCUMENT # N24281

1. Corporation Name

EAST TALLAHASSEE CHAPTER #3996 OF AARP, INC.

Principal Place of Business	Mailing Address
9601 MICCOSUKKEE RD. #29 TALLAHASSEE FL 32309 US	9601 MICCOSUKKEE RD. #29 TALLAHASSEE FL 32309 US

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 01/11/1988

5. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	WILDE, JOHANNA C	9601 MICCOSUKKEE RD.	TALLAHASSEE FL 32309
VP	~~LIPSEY, BOB~~ Mildred Mraz	~~3129 LOOKOUT DR~~ 4045 Bellington Ct.	~~TALLAHASSEE FL 32308~~ Tallahassee FL 32317
S	~~STRICKLAND, AGNES~~ Hazel Hayes	~~9601 MICCOSUKKEE RD.~~ 1460 Bent Willow Dr.	~~TALLAHASSEE FL 32309~~ Tallahassee FL 32311
T	HENSON, FRANCIS J	1229 MITCHELL AVE	TALLAHASSEE FL 32303
D	~~HAM~~, HERBERT Hamm	1511 BOWMAN DR	TALLAHASSEE FL 32312
D	~~HAM~~, PEARL Hamm	1511 BOWMAN DR	TALLAHASSEE FL 32312

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

FLORIDA DEPARTMENT OF STATE 43567
11/07/02 01005--010 **61.25

CR2E040 (8/02)

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: SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date: 10/29/02

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: SIGNATURE REQUIRED Herbert F. Hamm

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 10/29/02

Daytime Phone #