PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 APR 27 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N24281

1. Corporation Name
East Tallahassee Chapter #3996 of AARP Inc. ~~Chapter #3996~~

700074326137
05/10/06--01009--011 **61.25
CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
9601 Miccosukee Rd. #29	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee	City & State: FL
Zip: 32309 Country: USA	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: N/A ☐ 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: JoLanna C. Wilde, Treasurer
Street Address (P.O. Box Number is Not Acceptable): 9601 Miccosukee Rd. #29
Suite, Apt. #, Etc.:
City: Tallahassee State: FL Zip Code: 32309

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: JoLanna C. Wilde Date: 4/10/06
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
Pres.	Carol Wortham	3201 Miccosukee Rd Apt. 5-C	Tallahassee FL 32308
V. Pres.	Jacquilyn Cole	3271 Emerson Ln.	Tallahassee FL 32317
Secty-Treas	JoLanna C. Wilde	9601 Miccosukee Rd #29	Tallahassee FL 32309

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 contained in Chapter 119, 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: JoLanna C. Wilde 4/10/06 850-656-7413
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #