

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # N45932

04 MAR 29 AM 8:31

1. Corporation Name

PALM LAKE/RIVIERA BEACH CHAPTER #4680 OF AARP, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

7272 42ND WAY NORTH
RIVIERA BEACH FL 33404
US

7272 42ND WAY NORTH
RIVIERA BEACH FL 33404
US

600028789776
03/04/04--01021--011 **61.25



600028789776
02/16/04--01028--003 **61.25

03-04

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

11/07/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

52-1707921

Applied For
Not Applicable

City & State

City & State

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
PD	^{A.D.} GREENWOOD, DOROTHY	113 GREENBRIER C	WEST PALM BEACH FL 33417
VPD	DICKEY, MARLENE E	4317 71 RD	WEST PALM BEACH FL 33404
TD	BOCCANFUSO, DOROTHEA	7428 48 TERR N #517	W PALM BCH FL 33404
SD	PETERSON, MARILYN	7346 42ND WAY	WEST PALM BEACH FL 33404

REINSTATEMENT

600028789776
03/04/04--01021--010 **8.75
600028789776
03/29/04--01070--001 **175.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc. 03/29/04--01070--001 **175.00
City State Zip Code
FL

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

PETER F. SOUZA
ASSISTANT SECRETARY

Date

1/26/04

REGISTERED AGENT MUST SIGN

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:

Dorothea Boccanfuso / DOROTHEA BOCCANFUSO
Treas

Date

1/20/04

Daytime Phone #

561-841-7344

CRP/40 (7/03)

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