

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

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



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 NOV 10 AM 9:07

DOCUMENT # 705551

1. Corporation Name

THE FLORIDA STATE COUNCIL FOR SENIOR CITIZENS,  
INC.

300003045383--8

-11/16/99--01049--010

\*\*\*\*\*61.25 \*\*\*\*\*61.25

Principal Place of Business

1515 EAST SILVER SPRINGS BLVD  
W421  
OCALA FL 34470  
US

Mailing Address

4300 N. UNIVERSITY DRIVE  
SUITE #B-200  
LAUDERHILL FL 33301  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

12773 W. Forest Hill Blvd.  
Suite, Apt. #, etc.

Suite # 1213

City & State  
Wellington, FL.

Zip 33414 Country

3. New Mailing Office Address, If Applicable

12773 W. Forest Hill Blvd.  
Suite, Apt. #, etc.

City & State

Zip 33414 Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/02/1963

5. FEI Number

58-2057965

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	<del>BALE, GERALD</del> TONY FRANSETTA	<del>3834 SE 46TH PLACE</del> (HOME Address) 12059 Sunset Pt. Ct.	<del>OCALA FL</del> Wellington, FL 33414
DV	<del>GOLDY, LOU</del> Sherm Polakov	<del>1010 POWERSONG ST</del> 300 Berkeley Rd #303	<del>HOUSTON FL</del> Hollywood, FL 33024
DT	<del>COMERFORD, GEORGE</del> MARNA DAVISON	<del>304 WESTERN WAY</del> 5550 GLADES Rd.	<del>LAKE WORTH FL</del> BOCA RATON, FL 33431
SD	ROBBINS, HELEN	<del>2923 SW 6RD AVE</del> 6814 S.W. 114th Pl. #H	MIAMI FL 33173
T	<del>LARIQUE, PHILIP</del> HAROLD LABELL	<del>2402 N.W. 33RD ST</del> 202 Mary Drive	<del>BOCA RATON FL</del> OLOSMA, FL 33467

8. Name and Address of Current Registered Agent

~~BALE, GERALD~~  
~~3834 SE 46TH PLACE~~  
~~OCALA FL 34480~~

9. Name and Address of New Registered Agent

Name  
TONY FRANSETTA - PRES.  
Street Address (P.O. Box Number is Not Acceptable)  
12773 W. FOREST HILL BLVD.  
Suite, Apt. #, Etc.  
Suite # 1213  
City  
Wellington  
State  
FL  
Zip Code  
33414

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.

Signature of  
Registered Agent

Tony Frassetta  
TONY FRANSETTA - PRESIDENT

Date 10/21/99

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:

MARNA DAVISON  
MARNA DAVISON - TREASURER

10/21/99 561-367-1111

Date Daytime Phone #