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SECRETARY OF STATE
TALLAHASSEE, FLORIDAFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONSAPPLICATION
FOR
REINSTATEMENT

DOCUMENT # 711109

1. Corporation Name

RAINBOW LAKES CHAPTER #357 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business

Mailing Address

4000 DEEPWATER CT.
DUNNELLON FL 32630-78654000 DEEPWATER CT.
DUNNELLON FL 32630-7865

REINSTATEMENT

99

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

06/28/1966

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-6196209

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED

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
DT	GENTRY, EILEEN	3675 S.W. POMPANO	DUNNELLON FL 34431
VD	MANDEL, ARTHUR G	21251 SW PLANTATION	DUNNELLON FL 34431
PD	STEPHENSON, DALE	4963 S.W. 196TH AVE.	DUNNELLON FL 34431
TD	STRIKE, FORREST H	2105 SW PERSIMMON LANE	DUNNELLON FL 34431
SD	IANNOTTI, GLADYS	18925 SW 104TH PL	DUNNELLON FL 34432
000003095300--4 -01/11/00--01101-013 *****61.25 *****61.25			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MANDEL, ARTHUR G
21251 SW PLANTATION
DUNNELLON FL 34431

Name

DALE STEPHENSON

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

4963 SW 196TH AVE

Suite, Apt. #, Etc.

City

DUNNELLON

-01/11/00--01101-014

***175.00 ***175.00

State

Zip Code

FL

34431

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

DALE F. STEPHENSON President

Date

Nov. 24, 1999

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 furnished on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

DALE F. STEPHENSON
DALE F. STEPHENSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-24-1999 352 489-1574

Daytime Phone #

KE