

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 2006 AR		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 711137 1. Corporation Name GREATER NEWPORT RICHEY CHAPTER #434 OF AARP, INC.			
2. Principal Office Address ASBURY UNITED METHODIST CHURCH 4204 THYS ROAD NEWPORT RICHEY, FL 34653 PASCO		3. Mailing Office Address 1014 CHELSEA LN HOLIDAY FL 34691 Suite, Apt. #, etc. City & State City & State Zip Country 34653 PASCO	

FILED

06 APR 18 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800074510188
05/12/06--01014--031 **61.25

2006 A.R. (12/08)

4. Date Incorporated or Qualified To Do Business in Florida		DECEMBER 29, 1961	
5. FEI Number	59-1874694	Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name		CT CORPORATION SYSTEM	
Street Address (P.O. Box Number is Not Acceptable)		1200 SOUTH PINE ISLAND ROAD	
Suite, Apt. #, Etc.			
City	PLANTATION	State	FL
		Zip Code	33374

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 _____ Date _____
 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
P	PETER M. SYLYIA, JR	1014 CHELSEA LN	HOLIDAY, FL 34691
VP	BEVERLY BURCHELL	861 EGRET LN	TARPON SPRING, FL 34689
CTS	VIOLET HART	4322 MANSLAT LN	NEWPORT RICHEY, FL 34653
S	ROSLYN LEMAIN	3820 SAILMAKER LN	HOLIDAY, FL 34691
DMR	ANGELINA YOUNG	5648 RIVERVIEW DR	NEWPORT RICHEY FL 34652
DMR	ANDREW GRONDAHL	5030 SERENE SQUARE	NEWPORT RICHEY FL 34653
DMB	VERA GRONDAHL		

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: Peter M. Sylyia, Jr.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(727) 938-1277
 APRIL 6, 2006
 Date Daytime Phone #

282

DMB	EARNEST LEHMAN	10937 ISLAND PINE DRIVE	PORT RICHEY
DMB	LOIS LEHMAN		FL 34668