

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 MAY 12 AM 9:43

DOCUMENT #711256

1. Corporation Name

FT. Lauderdale Chapter #19 - AARP, Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
900003274919-5
-06/02/00--01059--005
*****61.25 *****61.25
900003274919-5
-06/02/00--01059--006
*****61.25 *****61.25

2. Principal Office Address

3000 NE 16 Ave
Suite, Apt. #, etc. 202 D

3. Mailing Office Address

3000 NE 16 Ave
Suite, Apt. #, etc. 202 D

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33304

Country

Broward

Zip

33304

Country

Broward

REINSTATEMENT 7-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/26/66

5. FEI Number

59-619-414-5

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

Mrs. Rose J. Farkas, (Treasurer)

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

5111 NE 1st Terrace

Suite, Apt. #, Etc.

City

Ft. Lauderdale, FL 33334

State

FL

Zip Code

33334

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**

Rose J. Farkas

REGISTERED AGENT MUST SIGN

Date

2/18/2000

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	Hazel Goodwin	3750 Galt Ocean Dr. #1407	FT Lauderdale 33308
VP	Doris Sheppard	3000 NE 16 AVE 202D	FT Lauderdale 33334
T	Rose J Farkas	5111 NE 1 st TERR	FT Lauderdale 33334
S	Dorothy STRAKER	1339 NE 15 AVE	FT Lauderdale 33304
D	Arlene Geiselman	1313 SW 18 th AVE.	FT Lauderdale 33313
D	Katherine Brousseau	5485 NE 22 nd AVE.	FT Lauderdale 33308

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 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:

Hazel B. Goodwin (HAZEL B. GOODWIN)

Date

2/18/2000 954-565-9370

Daytime Phone #

D. Ruth Bach - 1507 NE 4th Street, Ft. Lauderdale, 33304