PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

Filed
18 SEP -6 PM 11:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 711425

1. Corporation Name

GREATER PENSACOLA CHAPTER #364 OF AARP, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3010 N. 14th Ave	3010 N. 14th Ave
Suite, Apt #, etc	Suite, Apt #, etc.
City & State: Pensacola, FL	City & State: Pensacola, FL
Zip: 32503 Country: USA	Zip: 32503 Country: USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida 596194134

5. FEI Number ☐ 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: HARDY, BONNIE

Street Address (P.O. Box Number is Not Acceptable): 3010 N. 14TH AVE

Suite, Apt #, Etc

City: PENSACOLA State: FL Zip Code: 32503

400381814565 4
09/06/18--01020--005 **297.50

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: Bonnie Hardy Date: 04 Sep. 2018
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
Presider	Bonnie Hardy	3010 N. 14TH AVE	Pensacola FL 32503
VP	Juanita Clarke	8108 Price St	
Secretar	Gladys Bowie	2214 N 12th Ave	SEP 05 2018
Treasur	Bertha Agee	3016 Knotty Pine Drive	C. CARROTHI

10. **E-mail Address:** _____
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Bonnie Hardy - Bonnie Hardy 04 Sep. 2018 820-432-2878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 9/6/2018

Acc#I20160000072

Name:	GREATER PENSACOLA CHAPTER #364 OF AARP, INC.
Document #:	
Order #:	11142113

Certified Copy of Arts & Amend:	☐			
Plain Copy:	☐			
Certificate of Good Standing:	☐			
	☐			
Apostille/Notarial Certification:	☐		Country of Destination:	
			Number of Certs:	

Filing: ☑	Certified: ☐		
	Plain: ☑		
	COGS: ☐		

Availability _____

Document ___

Examiner _____

Updater _____

Verifier _____

W.P. Verifier _____

Ref# _____

Amount: $ 297.50

Thank you!