

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY 29 AM 8:01

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 717508

1. Corporation Name
Brevard County Florida Chapter #219 of
AARP Chapter 219 AARP, Inc.
Melbourne FL

100103985181
06/06/07--01038--015 **61.25

2. Principal Office Address 2728 Roken Ave Suite, Apt. #, etc.		3. Mailing Office Address 2728 Roken Ave Suite, Apt. #, etc.	
City & State Melbourne Zip 32935		City & State FL 32935 Country Country	
County Brevard			

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 23-7058269	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 Doris I Butler President of AARP Chapter 219		
Street Address (P.O. Box Number is Not Acceptable) 2728 Roken Ave		
Suite, Apt. #, Etc.		
City Melbourne	State FL	Zip Code 32935

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 Doris I Butler

Date May 24, 2007

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
Pres.	Doris I. Butler	2728 Roken Ave	Melbourne FL 32935
V. Pres.	Hattie Kennedy	500 E. Ryland Ave	Melbourne FL 32901
Secretary	Grace Dick	7723 Greenboro Drive	West Melbourne FL 32904
Treasurer	Doris I Butler	2728 Roken Ave	Melbourne FL 32935
	D.I.M.V.		

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: Doris I Butler President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 24, 2007

Date

213-254-1103

Daytime Phone #