

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAY -6 PM 4:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

721712  
Southwest Broward County Chapter #73 of AARP, Inc  
SOUTHWEST BROWARD COUNTY CHAPTER #73 OF AARP, INC

2. Principal Office Address

Pine Conference Center  
10211 Taft St.

3. Mailing Office Address

10211 Taft St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pembroke Pines, Fla

City & State

Pembroke Pines, Fla

Zip

33024

Country

Broward

Zip

33024

Country

Broward

900018303319

05/06/03--01094--011 \*\*\$1.25

07/08/02 90231-020 \$61.25

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

23-7129049

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Mrs. Margaret M. Wilson

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

8771 NW 13 St

Suite, Apt. #, Etc.



Mrs. Margaret Wilson  
8771 NW 13th St.  
Pembroke Pines, FL 33024

City

Pembroke Pines, Fla

State

FL

Zip Code

33024

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

Margaret M. Wilson

REGISTERED AGENT MUST SIGN

Date April 28, 2003

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	MARGARET M. WILSON	8771 NW 13 ST	PEMBROKE PINES, FLA 33024
V/P	EDWIN CARTY	18173 SW 28 ST	MIRAMAR, FLA 33029
T	JEANETTE HARTLEY	12002 NW 11 ST	PEMBROKE PINES, FLA 33026

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:

Margaret M. Wilson

MARGARET M. WILSON

4-28-03

954-432-0035

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

May 1, 2003

Dear Sirs,

Enclosed find the document recently sent to us, completed, together with the original check, which was returned to us, in the amount of \$61.<sup>25</sup>

Our Chapter does not meet in the summer months, could be the reason we failed to receive the original renewal notice.

We have our cancelled check from last year as proof that we are not delinquent.

Hoping this will take care of this matter, I am

Sincerely  
Margaret Wilson  
Pres. Chapter #73