PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 MAY -3 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # 722054

1. Corporation Name
Williston Area Chapter #912 of
American Association of Retired Person, Inc.

2. Principal Office Address		**3.** Mailing Office Address	
c/o Reba Greene		c/o Reba Greene	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
CR 547-632 Rt.1 Box 632		CR 547, 4750 SE 160 Ave.	
City & State		City & State	
Morriston, FL		Morriston, FL	
Zip	Country	Zip	Country
32668	US	32668	US

6/5/02 90021 007 625

4. Date Incorporated or Qualified To Do Business in Florida 11/10/1971

5. FEI Number 237140456 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Dorothy Mikell

Street Address (P.O. Box Number is Not Acceptable): 3650 SE 180th Avenue

Suite, Apt. #, Etc.:

City: Morriston | State: FL | Zip Code: 32688

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: Dorothy L. Mikell — REGISTERED AGENT MUST SIGN — Date: 3-11-02

CR2E081 (9/01)

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
PD	William Christman	815 NE 178 Terr	Williston, Fl
VPD	Cornelius Williams	2105 NE 40 St	Williston, FL
TD	Connie Butler	425 SE 2nd Street	Williston, FL
SD	Dorothy Mikell	3650 SE 180 Avenue	Morriston, Fl 32668

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: Dorothy L. Mikell DOROTHY L. MIKELL 3-11-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #