

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

725 995

FILED

06 SEP 14 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *Helen Barnes, Pres.*

1. Corporation Name

*Port Richey - Hudson Chapter #1357
of AARP, Inc.*

2. Principal Office Address

7212 Chesire Ct.

Suite, Apt. #, etc.

7

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

HUDSON, FL 34667

Zip

Country

City & State

Zip

Country

2006 AR.

4. Date Incorporated or Qualified
To Do Business In Florida

5. FEI Number

23-7265395

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

REGISTERED AGENT MUST SIGN

Date

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
<i>Pres</i>	<i>Helen Barnes</i>	<i>7212 Chesire Court</i>	<i>Hudson, FL 34667</i>
<i>Vice Pres</i>	<i>Juanita Rogers</i>	<i>7521 Tyson Dr.</i>	<i>Port Richey, FL 34668</i>
<i>Sec.</i>	<i>Lorraine Gittel</i>	<i>13545 Stage Brook Dr.</i>	<i>Hudson, FL 34667</i>
<i>Treas.</i>	<i>Louise Reck</i>	<i>16130 Frost Dr</i>	<i>Hudson, FL 34667</i>
<i>Member</i>	<i>Leresa Downing</i>	<i>13735 San Juan Ave</i>	<i>Hudson, FL 34667</i>
<i>Public</i>	<i>William Hoelter</i>	<i>7212 Chesire Court</i>	<i>Hudson, FL 34667</i>

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:

Louise Reck - Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/06 (727) 869-8153

Date

Daytime Phone #