

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY 22 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 727 547

1. Corporation Name

SATELLITE BEACH CHAPTER 1413 OF
AMERICAN ASSOCIATION OF RETIRED PERSONS

400075548724
05/31/08--01017--001 \$358.75

RECEIVED TALLAHASSEE 04-06

2. Principal Office Address

IND. HARBOUR BEACH REC
CENTER

3. Mailing Office Address

INDIAN HARBOUR BEACH
RECREATION CENTER

Suite, Apt. #, etc.

1233 YACHT CLUB BLVD

Suite, Apt. # etc.

1001 W. EAU GALLIE BLVD
UNIT 104

City & State

INDIAN HARBOUR BEACH
FL

City & State

MELBOURNE FL

Zip

32937

Country

US

Zip

32935

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

09/25/1973

5. FEI Number

237307662

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

NORMA E. EDWARDS

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

1001 W. EAU GALLIE BLVD-

Suite, Apt. #, Etc.

UNIT 104

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

Norma E. Edwards

Date 3-22-06

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
P	TRIPP SPRING	668 W. EAU GALLIE BLVD	MELBOURNE, FL 32935
VP	PHILLIP KOEHLER	973 DEL MAR CIRCLE	W. MELBOURNE FL 32904
Co- RS	MARY KEATING	2700 N. HWY 1A	INDIAN LANTIC FL 32903
Co- R.S.	JOYCE COFFEY	612 CORNELL AVE	MELBOURNE FL 32901
T	NORMA EDWARDS	1001 W. EAU GALLIE BLVD UNIT 104	MELBOURNE FL 32935
D	PABLO COLON	1725 SE GRAPE CT	PALM BAY FL 32905

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:

Norma E. Edwards (NORMA E. EDWARDS)

3-22-06


Date

321-259-8989

Daytime Phone #

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CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name			
2. Principal Office Address Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.	
City & State Zip Country		City & State Zip Country	
CR2E081 (12/05)			
4. Date Incorporated or Qualified To Do Business in Florida			
5. FEI Number			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			
Street Address (P.O. Box Number is Not Acceptable)			
Suite, Apt. #, Etc.			
City		State FL	Zip Code
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 _____		Date _____	
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
D	KATH LEEN CUMMINS	6017 TURTLE BEACH LANE	COCOA BEACH FL 32931
D	ROBERT HUDSON	2413 CORAL RIDGE CIRCLE	HELBORNE FL 32935
D	NANCY SEWELL	891 SANDHILL CRANE COURT	VIERA, FL 32955
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: _____			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #