

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL -3 PM 2:42

DOCUMENT # 728945

1. Corporation Name

South Putnam County Chapter #1664 of
American Association of Retired Persons, Inc.

2. Principal Office Address

RT3 Box 160

Suite, Apt. #, etc.

City & State

Crescent City, FL

Zip

32112

Country

Putnam

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

FL

Zip

Country

REINSTATEMENT 99.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

2-27-74

5. FEI Number

59-2943759

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

Janet LaGrow

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

RT3 Box 160

Suite, Apt. #, Etc.

City

Crescent City

State

FL

Zip Code

32112

800003328978-8

-07/20/00-01005-014

****306.25 ****306.25

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

Janet LaGrow

Date 6-29-00

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	David Garland	614 Old Highway 17	Crescent City, FL 32112
VP	John Andes	RT 1 Box 180	Pomona Park, FL 32181
S	Jean Williams	Po Box 491	Pomona Park, FL 32181
T	Janet LaGrow	RT3 Box 160	Crescent City, FL 32112
D	Wm Skaggs	RT2 Box 208	Crescent city, FL 32112
D	Jim LaGrow	RT3 Box 160	Crescent city, FL 32112
D	Erene Handley	RT1 Box 880	Lake Como, FL 32181

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: Janet LaGrow

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-29-00

Date

904-698-2356

Daytime Phone #