

# 2006 Corporation Annual Report

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 MAY -4 PM 3:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 729185

1. Corporation Name *Northeast St. Petersburg Chapter  
#1693 of American Ass. of Retired  
PERSONS (AARP) INC.*

2. Principal Office Address  
*PIPADILLY Cafeteria  
1900 34th ST N*

Suite, Apt. #, etc.

City & State

*St. Petersburg FL.*

Zip

*33713*

Country

*US*

3. Mailing Office Address *96 NANCY ARASA  
5151 ISLA Key Blvd*

Suite, Apt. #, etc.

*#219*

City & State

*St. Petersburg, FL*

Zip

*33715*

Country

*US*

CR2E081 (12/05)

06

4. Date Incorporated or Qualified  
To Do Business in Florida

*3/26/1974*

5. FEI Number

*237354739*

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

*NANCY ARASA*

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

*5151 ISLA Key Blvd*

Suite, Apt. #, Etc.

*#219*

City

*St. Petersburg*

State

*FL*

Zip Code

*33715*

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

*Nancy Arasa*

REGISTERED AGENT MUST SIGN

Date

*4/27/06*

### 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
Pres.	NANCY ARASA	5151 ISLA Key Blvd #219	St. Petersburg, FL 33715
V.P.	Dobres Uhrich	2960 59th ST S. #108	Gulfport, FL 33707
Sec.	Marie Luke	1799 Seminole Blvd #39	Largo, FL 33778
Tres	Ed Uhrich	2960 59th ST S. #108	Gulfport, FL 33707

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:

*Nancy Arasa* NANCY ARASA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*4/27/06*

Daytime Phone #

*727-864-6380*