

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 729285

1. Corporation Name

CLEARWATER GULF COAST CHAPTER #1708 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

01 DEC 17 AM 10:12

Principal Place of Business	Mailing Address
THE HAMPTON AT CLEARWATER 1099- CLEARWATER FL 33759 US	1099 MC MULLEN BOOTH RD APT 102 P.O. Box 852 CLEARWATER FL 33759 US 2675 Resnik Circle West Palm Harbor, FL 34682



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Jean Groscup Suite, Apt. #, etc. P.O. Box 852 City & State 2675 Resnik Circle W. Palm Harbor, FL Zip 34682 Country U.S.A.	Jean Groscup Suite, Apt. #, etc. P.O. Box 852 City & State 2675 Resnik Circle W. Palm Harbor, FL Zip 34682 Country U.S.A.

4. Date incorporated or Qualified To Do Business in Florida	04/08/1974
5. FEI Number	23-7356150
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P D	GROSCUP, JEAN, President	2675 RESNIK CR W P.O. Box 852	PALM HARBOR FL 34682
VP D	MEANS, KARL, Vice President	1275 TEAHOUSE DRIVE	CLEARWATER FL 33764
T D	ZEILENGA, BERNICE, Treasurer	1099 MCMULLEN BOOTH RD APT 803	CLEARWATER FL 33759
SD	SHERBURN, MARGARET, Secretary	1099 MCMULLEN BOOTH RD APT 614 11300-66th St #907	CLEARWATER FL 33759 Largo, FL 33773
CD	JEAN HORAN, Program Chairman	1099 MCMULLEN BOOTH RD APT 421	CLEARWATER FL 33759

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
	Name: KARL MEANS Street Address (P.O. Box Number is Not Acceptable): 1275 TEAHOUSE DR Suite, Apt. #, Etc.: City: CLEARWATER State: FL Zip Code: 33764

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Karl Means
REGISTERED AGENT MUST SIGN

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Date: 10/22/01

11. 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: Bernice A. Zeilenga
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-01
Date Daytime Phone #