PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT 30 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02

000008685470
10/30/02--01001--018 **236.25

DOCUMENT # 729335

1. Corporation Name

COUNCIL ON AGING OF MARTIN COUNTY, INC.

Principal Place of Business	Mailing Address
1071 E 10TH ST STUART FL 34996	P.O. BOX 3029 STUART FL 34995

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: **04/11/1974**

5. FEI Number: **52-1007762** ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
SD	GRAY, JOAN	1071 E 10TH ST	STUART FL 34995
VD	PESCITELLI, MIKE	1071 E 10TH ST	STUART FL 34995
X CD	CLEAVER, CHARLES R	1071 E. 10TH ST	STUART FL 34996
CD	SCHOONOVER, NICKI	1071 E. 10TH ST	STUART FL 34996
TD	Johnson, Glenn	1071 E 10th ST	STUART FL 34996
P	KAUFFMAN, BARBARA	1071 E 10th St	Stuart, FL 34996

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
KAUFFMAN, BARBARA 1071 E 10TH ST STUART FL 34996	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent: Barbara A. Kauffman SIGNATURE REQUIRED — Date: 10/22/02
REGISTERED AGENT MUST SIGN

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: Charles Cleaver SIGNATURE REQUIRED — 10/23/02 — 772-223-5626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DOCUMENT# 729335

COUNCIL ON AGING OF MARTIN COUNTY, INC

FEI# 52-1007762

TITLE	OFFICERS & DIRECTORS	ADDRESS	CITY/STATE/ZIP
D	COFFEY, CHRISTOPHER	1071 E 10TH STREET	STUART FL 34995
D	CRARY, ANN	1071 E 10TH STREET	STUART FL 34995
D	CORNETT, JANE	1071 E 10TH STREET	STUART FL 34995
D	GONZALEZ, JOHN	1071 E 10TH STREET	STUART FL 34995
D	HUDSON, DENNIS	1071 E 10TH STREET	STUART FL 34995
D	KEANE, GREGORY	1071 E 10TH STREET	STUART FL 34995
D	PITTINOS, DAVID	1071 E 10TH STREET	STUART FL 34995
D	QUACKENBOS, MAX	1071 E 10TH STREET	STUART FL 34995
D	SCOTT, RACHEL	1071 E 10TH STREET	STUART FL 34995
D	WEBER, JEFFERY	1071 E 10TH STREET	STUART FL 34995