

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 731435

1. Corporation Name

WALTON COUNTY CHAPTER #1921 OF AMERICAN ASSOCIATION
OF RETIRED PERSONS, INC.

2. Principal Office Address

193 Royal Palm Avenue

Suite, Apt. #, etc.

City & State

DeFuniak Springs, FL 32433

Zip

32433

Country

USA

3. Mailing Office Address

193 Royal Palm Avenue

Suite, Apt. #, etc.

City & State

DeFuniak Springs, FL 32433

Zip

32433

Country

USA

REINSTATEMENT

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

12-20-1974

5. FEI Number

237399918

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

Claire Berglund

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

193 Royal Palm Avenue

Suite, Apt. #, Etc.

City

DeFuniak Springs

State
FL

Zip Code
32433

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

Claire Berglund (Pres.)
REGISTERED AGENT MUST SIGN

Date

12/11/00

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
PD	Claire Berglund	193 Royal Palm Avenue	DeFuniak Springs, FL 32433
VPD	John Belensoff	138 Silk Oak Lane	DeFuniak Springs, FL 32433
SD	Mildred Redmond	192 Widner Circle	DeFuniak Springs, FL 32433
T	Donna Marks	442 S. 2nd Street	DeFuniak Springs, FL 32435

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Claire Berglund - CLAIRE BERGLUND

Date

12/11/00

Daytime Phone #

892-7915