

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 736239		FILED 05 MAY 26 PM 12:45 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Corporation Name PALM BAY Chapter #2622 of AARP, Inc.			
2. Principal Office Address Palm Bay Community Center at Port Malabar Blvd. Suite, Apt. #, etc.		3. Mailing Office Address 1860 Eva Lane Suite, Apt. #, etc. FL 32950	
City & State Palm Bay FL		City & State Malabar FL	
Zip 32905	Country USA	Zip 32950	Country USA
4. Date Incorporated or Qualified To Do Business in Florida		5. FEI Number 953029898	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
7. Name and Address of Current Registered Agent 500055973365		06/09/05--01038--019 **61.25	
Name JESSIE WHITEMAN, President			
Street Address (P.O. Box Number is Not Acceptable) 1502 Eagle Avenue NW			
Suite, Apt. #, Etc.			
City Palm Bay		State FL	Zip Code 32907
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 X Jessie Whiteman		Date 5-20-05	
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
Pres.	Jessie Whiteman	1502 Eagle Avenue NW	Palm Bay, FL 32907
Vice Pres.	Samuel Matson	1600 Sunny Brook Lane	Palm Bay, FL 32905
2nd. VP	Barbara Leigh	2511 S. Pinehurst Circle	Melbourne, FL 32901
Sec.	Elizabeth Matson	1600 Sunny Brook Lane	Palm Bay, FL 32905
Tres.	Pablo L. Ambat	1860 Eva Lane	Malabar, FL 32950
Dir.	Jim King	1154 Pae Creek Circle NE	Palm Bay, FL 32905
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: JESSIE WHITEMAN Pres.		Date 05/20/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 321-722-9443	

CR2E081 (01/05)