


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

748040

DOCUMENT # PLANTATION CHAPTER #3173
OF AARP INC.

1. Corporation Name
~~PLANTATION CHAPTER AARP~~

2. Principal Office Address
3304 SW 14 ST

3. Mailing Office Address

Suite, Apt. #, etc.
FT. LAUDERDALE, FL

City & State
33312 Broward

Zip
Country

Suite, Apt. #, etc.
SAM 6

City & State

Zip
Country

FILED
06 APR 26 2010 1:02

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida 1978

5. FEI Number ☐ 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
ANN WHITTLETON

Street Address (P.O. Box Number is Not Acceptable)
3304 SW 14 ST

Suite, Apt. #, Etc.
FT. LAUDERDALE

City
State
FL

Zip Code
33312

800074460598
05/12/06 01005 022 *\$1.25

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

ANN WHITTLETON

Date

4-3-06

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
SEC	LORIAN FLEITMAN	6500 CYPRESS RD	PLANTATION, FL 33317
V/P	JANET LEAHAM	231 NW 65 AVE	PLANTATION, FL 33317
Treas	GINNY DEWAR	5740 ROSE TER	PLANTATION, FL 33317
Pres	ANN WHITTLETON	3304 SW 14 ST	FT. LAUDERDALE FL 33312

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:

ANN WHITTLETON ANN WHITTLETON

Date

4-3-06

Daytime Phone

954-791-7342