

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2013 JUL 26 PM 9:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

MARCH 8, 1982

5. FEI Number

592171058

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  
YES

\$8.75 Additional Fee required  
for a Certificate of Status

07/26/13--01033--001 \*\*61.25

700249337677  
06/27/13--01033--014 \*\*1837.50

7. Name and Address of Current Registered Agent

Name

TIMOTHY R. JOHNSON

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

1123 SW 25th Ave.

Suite, Apt. #, Etc.

City

DEERFIELD BEACH

State

FL

Zip Code

33442

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

*Timothy R. Johnson*

Date 5/6/2013

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.	TIMOTHY R. JOHNSON	1123 SW 25th Ave	DEERFIELD Bch, FL 33442
VP & Sec.	SUSAN KADENBACH	2455 PORT WEST BLVD. CRS/PDC	WEST PALM Bch, FL 33407
T	IVY DEFINO	8030 Peters Rd, SUITE D-103	PLANTATION, FL 33324

10. E-mail Address: timothy.johnson@mutualofamerica.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

*Timothy R. Johnson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/25/2013

DATE

561.241.4024

Daytime Phone

cc 1129