

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 764089

1. Corporation Name

JACKSON COUNTY CHAPTER #3486 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business

~~5291 LIMESTONE LANE~~  
~~MARIANNA FL 32446~~  
US 4376 Kelly Avenue  
Marianna, FL 32446

Mailing Address

~~5291 LIMESTONE LANE~~ P.O. Box 124  
~~MARIANNA FL 32446~~ Marianna, FL  
US 32447

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
4376 Kelly Ave.

3. New Mailing Office Address, If Applicable  
PO Box 124, Marianna

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Marianna, FL

City & State  
Marianna, FL

Zip  
32446

Country  
USA

Zip  
32447

Country  
USA

Jackson County

4. Date Incorporated or Qualified  
To Do Business in Florida

07/08/1982

5. FEI Number

59-3741820

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 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Name of Officers and/or Directors	City / State / Zip
PD	ROBBINS, DOUG	5291 LIMESTONE LANE	MARIANNA FL 32446
	Joanne-Marie DeWeese	4376 Kelly Avenue	
DV	COX, HELEN	2887 TURNER ROAD	MARIANNA FL 32448
	Cox, Helen		
DV	SANSON, TOM	3284 CAVERNS RD.	MARIANNA FL 32448
	HORNE, Gladis	4664 Shankle Drive	
DS	BARRIS, GLORIA	4118 PARK PLACE	MARIANNA FL 32448
	Blanche Brown	2562 New Salem Road	Marianna, FL 32448
DT	SANSON, JUANITA	3284 CAVERNS RD.	MARIANNA FL 32448
	Frances Bevis	3610 Old U.S. Road	
D	SCHWENCKE, MARTHA	3207 BUMP NOSE RD.	MARIANNA FL 32448
	Juanita Sanson	3284 Caverns Road	Marianna, FL 32446

8. Name and Address of Current Registered Agent

ROBBINS, DOUG  
5291 LIMESTONE LANE  
MARIANNA FL 32446

Joanne-Marie DeWeese  
4376 Kelly Avenue  
Marianna, FL 32446

9. Name and Address of New Registered Agent

Name Joanne-Marie DeWeese

Street Address (P.O. Box Number is Not Acceptable)  
4376 Kelly Avenue

Suite, Apt. #, Etc.

000003071780--5  
-12/15/99--01100--002

City

Marianna

\*\*\*245.00 State Fee \$5.00  
FL 32446

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.

Signature of  
Registered Agent

Joanne-Marie DeWeese  
REGISTERED AGENT MUST SIGN

Date 10-25-99

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:

Joanne-Marie DeWeese President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-25-99  
Date

850-462-8114  
Daytime Phone #

FILED

99 NOV 30 PM 2:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

