

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 APR 19 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 765556

1. Corporation Name

POINCIANA CHAPTER
#3520 OF AARP, INC

2. Principal Office Address

701 E. Caddy Ln

Suite, Apt. #, etc.

HOME

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

POINCIANA, FL.

City & State

Zip

Country

34759

Osceola

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1982 (?)

5. FEI Number

5928-10-995

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

Winfred A. Fields

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

701 E. Caddy Lane

Suite, Apt. #, Etc.

HOME

City

POINCIANA

State
FL

Zip Code

34759

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

Winfred A. Fields

REGISTERED AGENT MUST SIGN

Date 4-14-06

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	Winifred A Fields	701 E. Caddy Ln	POINCIANA, FL 34759
VISC PRES	JUNE TATMAN	708 BEAR WAY	POINCIANA, FL 34759
SEC	RUTH WILLIAMSON	912 SAN RAFAEL WAY	POINCIANA, FL 34758
Treas	MARY DEAL	13 FLAG DRIVE	POINCIANA, FL 34759
ASST Treas	PAT FURREY	735 HUNTER CR.	POINCIANA, FL 34758

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:

Winifred A. Fields

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/14/06

Daytime Phone #