

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

03 MAR 28 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N01000006134*

1. Corporation Name

Putnam Council on Aging, Inc.

REINSTATEMENT 02-03

800014853928

03/28/03--01003--018 **297.50

2. Principal Office Address

501 S. Palm Ave.

Suite, Apt. #, etc.

City & State

Palatka FL

Zip

32177 USA

3. Mailing Office Address

16 Norcross St.

Suite, Apt. #, etc.

Suite 50-13

City & State

Roswell GA

Zip

30075 USA

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

8-27-01

5. FEI Number

65-1133357

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

R. Bruce McKibben, P.A.

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

1435 E. Piedmont Drive

Suite, Apt. #, Etc.

Suite 214

City

Tallahassee FL

State

FL

Zip Code

32308

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

R.B. McKibben

REGISTERED AGENT MUST SIGN

Date

11/20/02

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
D	<i>Robert W. Hagán</i>	<i>16 Norcross St. Suite 50-B Roswell, GA 30075</i>	
D	<i>Donna Sweda</i>	<i>16 Norcross St. Suite 50-B Roswell, GA 30075</i>	
D	<i>Mary Lu Flory</i>	<i>16 Norcross St. Ste 50-B Roswell GA 30075</i>	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donna M. Sweda

Date

11/11/02

Daytime Phone #

770 993-4000

CR2E081 (9/01)

2/4/11