

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 FEB 16 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02441

1. Corporation Name

SANIBEL-CAPTIVA CHAPTER #3678 OF
AMERICAN ASSOCIATION OF RETIRED
PERSONS INC

REINSTATEMENT 03-04

2. Principal Office Address

1835 FARM TRAIL

Suite, Apt. #, etc.

City & State

SANIBEL

Zip

33957

Country

LEE

3. Mailing Office Address

1835 FARM TRAIL

Suite, Apt. #, etc.

City & State

SANIBEL FL

Zip

33957

Country

LEE

600027893236

02/16/04--01028--004 **\$1.25

4. Date Incorporated or Qualified
To Do Business in Florida

4-10-1984

5. FEI Number

33-0028171

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

WILLIAM F. KELLEY

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

1835 FARM TRAIL

Suite, Apt. #, Etc.

City

SANIBEL

State

FL

Zip Code

33957

600027893236

01/29/04--01064--002 **\$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

William F. Kelley

REGISTERED AGENT MUST SIGN

Date

1/26/04

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
P	WILLIAM F. KELLEY	1835 FARM TRAIL	SANIBEL FL 33957
V	HAZEL AMON	PO BOX 304	SANIBEL FL 33957
S	YOLANDE WELCH	1998 ROSEATE LN	SANIBEL FL 33957
T	PATRICIA M. KELLEY	1835 FARM TRAIL	SANIBEL FL 33957
D	JUSTINE SMITH	740 ELINOR WAY	SANIBEL FL 33957
D	LAMAR WILLIAMSON	427 LAQUON DR.	SANIBEL FL 33957

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:

Patricia M. Kelley Treasurer PATRICIA M. KELLEY 1-26-04 239-395-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 1412

CR2E081 (10/02)

January 26, 2004

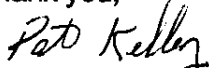
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Please find enclosed the Corporation Reinstatement being filed by the Sanibel-Captiva Chapter #3678 of AARP Inc. I am requested a waiver of the \$175.00 reinstatement fee. I am including a check of \$61.25 for the year of 2003.

According to our records we did not file a report for the year of 2003. I believe the mixup was due to the address that was on the report filed for the year of 2002 which was filed 10/28/02. It showed a PO Box that was closed in June of 2002. As a result the report was not delivered to our Chapter. The oversight was only discovered when we had to send a report into the national headquarters of AARP asking if we had filed with the state.

I appreciate your consideration for the waiver and the quick response that was sent to me via the internet.

Thank you,


Pat Kelley, Treasurer
Sanibel Captiva Chapter #3678 of AARP Inc.
1835 Farm Trail
Sanibel, FL 33957