

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

06 JUL 31 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *N03703*

1. Corporation Name

*Hobe Sound Chapter # 3700 of
AARP, Inc.*

2. Principal Office Address

8914 SE Bobo Ct

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Hobe Sound, FL

City & State

Zip

33455

Country

Martin

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04-06 Dec
04-06/15/84

5. FEI Number

330042704

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

John E. Anderson

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

8914 SE Bobo Court

Suite, Apt. #, Etc.

City

Hobe Sound

State
FL

Zip Code

33455

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

John E. Anderson

Date

7/17/06

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
P	<i>John E. Anderson</i>	<i>8914 SE Bobo Ct</i>	<i>Hobe Sound, FL 33455</i>
T	<i>Ronald A. Peck</i>	<i>6893 SE Bunkerhill Dr</i>	<i>Hobe Sound, FL 33455</i>
S	<i>Joseph Peck</i>	<i>7081 SE Sweetwood Trce</i>	<i>Stuart, FL 34997</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 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:

John E. Anderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/06

Date

546-2799
772-2412

Daytime Phone #