

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED
00 JUL -6 PM 12:37 RCVD
06-28-00 P 12:37

DOCUMENT # N03822

1. Corporation Name
PINECASTLE CHAPTER #3696 OF AMERICAN ASSOCIATION
OF RETIRED PERSONS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
American Legion Hall 3107 Trentwood Blvd.
529 Fairlane Avenue Orlando, FL 32812-0509 US
Orlando, FL 32809 US

REINSTATEMENT 98-00

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

| | | | | | |
|--|--|--|--|---|--|
| 2. New Principal Office Address, If Applicable | | 3. New Mailing Office Address, If Applicable | | 4. Date Incorporated or Qualified To Do Business in Florida | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 06/21/1984 | |
| City & State | | City & State | | 5. FEI Number | |
| Orlando, FL | | Orlando, FL | | 330043508 | |
| Zip | | Country | | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | |
| 32809-6409 | | US | | S8.75 Additional Fee required for a Certificate of Status | |

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|------------|-------------------------------------|---|------------------------|
| PD | Trout, Nancy | 824 Hawkes Avenue Orlando, FL 32809-6409 | Orlando, FL 32809-6409 |
| SD | Armacost, Bertha | 6610 Matchett Road | Orlando, FL 32809-6154 |
| TD | Armacost, Leo | 6610 Matchett Road | Orlando, FL 32809-6154 |
| HD | Snyder, Alverta | 5447 Hansel Avenue, #M12 | Orlando, FL 32809-3453 |
| LD | Snyder, Alverta | 5447 Hansel Avenue, #M12 | Orlando, FL 32809-3453 |

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****358.50 ****358.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

| | | | |
|--|--|---|-------------|
| Wells, J.D. 3107 Trentwood Blvd. Orlando, FL 32812 | | Name Trout, Nancy | |
| | | Street Address (P.O. Box Number is Not Acceptable) 824 Hawkes Avenue | |
| | | Suite, Apt. #, Etc. | |
| | | City Orlando | State FL |
| | | Zip Code 32809-6409 | |

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 Nancy L. Trout REGISTERED AGENT MUST SIGN Date June 24, 2000

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: Nancy L. Trout SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date June 24, 2000 (407)851-1685 Daytime Phone #

CR2E001 (12/98)