


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED

06 APR 14 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000000394

1. Corporation Name
Miami-Dade North Chapter # 5382 of AARP,
INC

2. Principal Office Address

3842 Jasmine Ave
Suite, Apt. #, etc.

3. Mailing Office Address

3842 Jasmine Ave
Suite, Apt. #, etc.

City & State

Miramar, FL

City & State

Miramar, FL

Zip

33023

Country

Broward

Zip

33023

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

January 10, 2005

5. FEI Number

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

Christine M. Bryant

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

3842 Jasmine Avenue

Suite, Apt. #, Etc.

City

Miramar

State

FL

Zip Code

33023

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

Christine M. Bryant

REGISTERED AGENT MUST SIGN

Date 4/7/06

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
President	Christine M. Bryant	3842 Jasmine Ave.	Miramar, FL 33023
Vice President	Patricia Thomas	9811 North Hollybrook Lake Drive Unit 4-103	Pembroke Pines, FL 33025
Secretary	Dorothy Devitt	3260 Ensenada Way	Miramar, FL 33025
Treasurer	Oswald Sands	1371 N.W. 173 rd Terr	Miami Gardens, FL 33169
Legislative	Yolanda Bayborn	7135 North Augusta Drive	Miami Lakes, FL 33015

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:

Christine M. Bryant

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 7, 2006

Date

954-987-1261

Daytime Phone #