PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2024 OCT 29 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N09377

1. Corporation Name
Florida Senior Corps Association, Inc

2. Principal Office Address - No. P.O. Box #	3. Mailing Office Address
10 SE Central Parkway	10 SE Central Parkway
Suite, Apt. # etc. Suite 101	Suite, Apt. # etc. Suite 101
City & State Stuart, FL	City & State Stuart, FL
Zip 34994 Country US	Zip 34994 Country US

4. Date Incorporated or Qualified To Do Business in Florida 05/21/1985

5. FEI Number 59-2607371 ☐ 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: Kathleen Stacey

Street Address (P.O. Box Number is Not Acceptable): 5082 SE Devenwood Way

Suite, Apt. # Etc: —

City: Stuart State: FL Zip Code: 34997

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: Kathleen Stacey Date: 10-16-2024
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	Alesia Macklin	875 Royce Street	Pensacola, FL 32503
V	Sharon Cowden Smith	3545 Lake Breeze Dr.	Orlando, FL 32808
T	Kathleen Stacey	5082 SE Devenwood Way	Stuart, FL 34997
S	Margaret Baugher	2607 Dr. Ella Piper Way	Ft. Myers, FL 33916
D	Michelle Shiver	1290 Golfview Avenue	Bartow, FL 33830

10. E-mail Address: KStacey@unitedwaymartin.org
(To be used for future annual report notification)

11. I certify that I am an officer or director of the reclevet or trustee empowered to execute this application as provided for in Sec. 607 or 617, F.S. I further certify that the 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: Kathleen Stacey Kathleen Stacey 10-16-2024 772-244-2210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #