PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
00 AUG -4 AM 8:33
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N19663

1. Corporation Name OPA LOCKA
AARP CHAPTER 4005
OPA-LOCKA Chapter #4005
American Association of Retired Persons, Inc.

2. Principal Office Address	**3.** Mailing Office Address
2520 NW 156 ST	2520 NW 156 ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OPA LOCKA, FLORIDA	City & State
Zip: Country: DADE	Zip: 33054 Country

REINSTATEMENT 96.00

4. Date Incorporated or Qualified To Do Business in Florida: 3-13-1987

5. FEI Number: 592649064 ☐ 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: RUTH CLARK - PRESIDENT

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****481.25 ****481.25

Street Address (P.O. Box Number is Not Acceptable): 443 NE 210 CIRCLE APT# 203

Suite, Apt. #, Etc.: # 203

City: MIAMI, FL State: FL Zip Code: 33169

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: Ruth Clark
REGISTERED AGENT MUST SIGN

Date: July 19, 00

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
PRES/D	RUTH CLARK	443 NE 210 CIRCLE 203	MIAMI, FL 33169
SEC/D	MIZIE HANNA	2451 NW 152 ST.	OPA LOCKA, FL 33054
TREAS/D	DAVID PEMBERTON	2520 NW 156 ST	OPA LOCKA, FL 33054

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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: TREASURER
DAVID PEMBERTON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-19-2000
Date

(305) 621-8692
Daytime Phone #