

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

11 JAN 13 AM 11:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** N19663

1. Corporation Name

Opa-Locka Chapter #4005 of AARP, INC.

2. Principal Office Address - No P.O. Box #

16135 N.W. 22 Ave

Suite, Apt. #, etc.

3. Mailing Office Address

16135 N.W. 22 Ave

Suite, Apt. #, etc.

City & State

Miami Gardens, FL

Zip

33054

Country

USA

City & State

Miami Gardens, FL

Zip

33054

Country

USA

**REINSTATEMENT** 07-11

CR2E081 (6/10)

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

Gloria E. Evans Covington

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

16135 N.W. 22 Avenue

Suite, Apt. #, Etc.

City

Miami Gardens

State

FL

Zip Code

33054

800185144658

12/14/10--01035--005 \*\*245.00

800185144658

01/13/11--01031--006 \*\*236.25

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

REGISTERED AGENT MUST SIGN

Date

1/4/11

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.	Connie DuPree	1330 N.W. 179 <sup>th</sup> Terr	Miami Gardens, FL 33169
V.	Peggy Finley	15801 N.W. 18 <sup>th</sup> Place	Miami Gardens, FL 33054
T.	Gloria Covington	16135 N.W. 22 <sup>nd</sup> Avenue	Miami Gardens, FL 33054

10. E-mail Address: Retired dove@att.net

(To be used for future annual report notification)

11. 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. 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.

**SIGNATURE:**

Connie DuPree

Connie DuPree

1/6/11

(305) 620-5632

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/11