PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 MAR -3 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N22192

1. Corporation Name
COCONUT CREEK CHAPTER #4069 OF AARP, INC.

300143741823
03/03/09--01012--003 **70.00

REINSTATEMENT 08-09

2. Principal Office Address - No P.O. Box #	**3.** Mailing Office Address
4133 CARAMBOLA SO CIRCLE	1902 BERMUDA CIRCLE
Suite, Apt. #, etc.	Suite, Apt. #, etc. APT B2
City & State: COCONUT CREEK FL	City & State: COCONUT CREEK, FL
Zip: 33066 Country: BROWARD	Zip: 33066 Country: BROWARD

4. Date Incorporated or Qualified To Do Business in Florida: MARCH 1986

5. FEI Number: 33-0177056 ☐ 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: MILDRED H. DEVOE

Street Address (P.O. Box Number is Not Acceptable): 1902 BERMUDA CIRCLE

Suite, Apt. #, Etc.: APT B2

City: COCONUT CREEK State: FL Zip Code: 33066

XX ☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Mildred H Devoe Date: 02-11-09

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
ACTING P	IRVING HERSCHBEIN	4133 CARAMBOLA CIRCLE SOUTH	COCONUT CREEK FL 33066
T	MILORED H. DEVOE	1902 BERMUDA CIRCLE	COCONUT CREEK APT B2 FL 33066
D	MORRIS ZAGLIN	8500 ROYAL PALM BLVD APT E-451	CORAL SPRINGS FL 33065
D	ALICE BLOOM	3895 CARAMBOLA CIRCLE - NORTH	COCONUT CREEK FL 33066
D	MARJORIE BERGMAN	4133 CARAMBOLA CIRCLE SOUTH	COCONUT CREEK FL 33066

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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: Irving Herschbein 02-11-09 954-977-9789

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #