

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAY -4 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 08-09

DOCUMENT # N22518

1. Corporation Name

Steinhatchee Chapter #4064 of AARP, Inc

500155469015
05/05/09--01042--024 **61.25

CR2E081 (12/08)

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

Hwy 51

3. Mailing Office Address

PO Box 1002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Steinhatchee, FL

City & State

Steinhatchee, FL

Zip

32359

Country

USA

Zip

32359

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
33-0177064

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

Charla Chauncey

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

First Avenue

Suite, Apt. #, Etc.

City

Steinhatchee

State

FL

Zip Code

32359

☒ 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

Charla J. Chauncey

REGISTERED AGENT MUST SIGN

Date *4/30/09*

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.	Charla Chauncey	PO Box 1002	Steinhatchee, FL 32359
VPres	Jerry Moorehouse	PO Box 12	Steinhatchee, FL 32359
Sec	Sherry Bryant	PO Box 961	Steinhatchee, FL 32359
Treas	Thelma Hilson	PO Box 546	Steinhatchee, FL 32359

500155469015
05/05/09--01042--025 **61.25

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:

Charla J. Chauncey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/09

Date

352-498-0214

Daytime Phone #

cc 5/11