PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 07 JUL 10 PM 12: 06 SEC... .. .. STATE TALLAHASSEE, FLORIDA

DOCUMENT # N24557

1. Corporation Name NATIONAL ASSOCIATION OF RETIRED FEDERAL EMPLOYEES CHAPTER 1002 CAPE CORAL FL INC

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #	**3.** Mailing Office Address
2124 CAPE HEATHER CIRCLE	2124 CAPE HEATHER CIRCLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State CAPE CORAL FL	City & State CAPE CORAL FL
Zip 33991-3513	Country	Zip 33991-3513	Country

4. Date Incorporated or Qualified To Do Business in Florida 01/01/1988

5. FEI Number 592364481 ☐ 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 MARY J SINGER

Street Address (P.O. Box Number is Not Acceptable) 2124 CAPE HEATHER CIRCLE

Suite, Apt. #, Etc.

City CAPE CORAL	State FL	Zip Code 33991

☒ 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.

000106345900
07/18/07--01051--014 **367.50

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 7-4-07

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	ROBERT B MILLER	1406 SE 22ND ST	CAPE CORAL FL 33990
V	MARC A. HARRIS	5515 SW 10TH AVE	CAPE CORAL FL 33914
T	MARY J SINGER	2124 CAPE HEATHER CIRCLE	CAPE CORAL FL 33991
S	ALICE HART	2815 SE 18TH CT	CAPE CORAL FL 33904

REINSTATEMENT 07-07

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: Robert B Miller ROBERT B MILLER   239-574-4734

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