

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 20 AM 11:25

DOCUMENT # N25376

1. Corporation Name
WESTSIDE JACKSONVILLE CHAPTER #4098 OF AMERICAN
ASSOCIATION OF RETIRED PERSONS, INC.

2. Principal Office Address
WEBB LIBRARY, 103RD ST.
103

3. Mailing Office Address
8395 SCOTTISH CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
JACKSONVILLE, FL

City & State
JACKSONVILLE, FL

Zip Country
32210 US

Zip Country
32244 US

**4. Date Incorporated or Qualified
To Do Business in Florida** 03/14/1988

5. FEI Number 943053343 **Applied For**
Not Applicable

6. CERTIFICATE OF STATUS DESIRED **\$8.75 Additional Fee required
for a Certificate of Status**

ab-00

7. Name and Address of Current Registered Agent

Name JUNE MAYNARD **300003415133-9**
Street Address (P.O. Box Number is Not Acceptable) 8395 SCOTTISH CT. **-10/05/00--01079--010**
Suite, Apt. #, Etc. ******481.25 ****481.25**
City JACKSONVILLE **State** FL **Zip Code** 32244 **300003415133-9**
-10/05/00--01079--011
******481.75 ****481.75**

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 June E. Maynard
REGISTERED AGENT MUST SIGN

Date 09/01/2000

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
PD	JUNE MAYNARD	8395 SCOTTISH CT.	JACKSONVILLE, FL 32244
VD	RUTH WILLIAMS	1592 LANE AVENUE, S., #11W	JACKSONVILLE, FL 32210
SD	MARY SWEARINGEN	4333 GENOA AVENUE	JACKSONVILLE, FL 32210
TD	BARBARA WHITE	3846 SUDBURY AVENUE	JACKSONVILLE, FL 32210

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 under section 119.07(3)(l), 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: June E. Maynard June E. Maynard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-01-2000 904-778-2726
Date Daytime Phone #

CR2E081 (9/99)

AD