

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

01 APR 13 PM 3:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N25377

**1. Corporation Name**

DOWNTOWN ORLANDO CHAPTER #4149 OF AMERICAN ASSOCIATION  
RETIRED PERSONS, Inc.

**2. Principal Office Address**

4527 Brandeis Ave.

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32839

Country

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

MAR 14, 1988

**5. FEI Number**

33-0214355

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

Peterka, F.J.

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

4527 Brandeis Avenue

Suite, Apt. #, Etc.

City

Orlando

State  
FL

Zip Code  
32839

**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

*F. J. Peterka*  
F. J. Peterka

REGISTERED AGENT MUST SIGN

Date 05 DEC 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
CP <u>D</u>	F.J. (Pete) Peterka	4527 Brandeis Ave.	Orlando, FL 32839-1469
CS <u>D</u>	Dorothy Baldwin	1851 Green Meadow Lane	Orlando, FL 32825-8245
CT <u>D</u>	<del>Stan Baldwin</del> Ethel Ann Meszaros	<del>1851 Green Meadow Lane</del> 3609 S. Summerlin Avenue	Orlando, FL <del>32825-8245</del> 32806-7013
CVP <u>D</u>	Albert Coker	5400 Inca Street	Orlando, FL 32807-1414

**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)(i), 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:**

*F. J. Peterka*  
F. J. Peterka, CP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06 DEC 2000 (407) 855-8658

Date

Daytime Phone #