

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 17 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N27624

1. Corporation Name

RETIRED OFFICERS
CORPORATION

2. Principal Office Address
1010 AMERICAN
EAGLE BLVD

Suite, Apt. #, etc.

352

City & State
SUN CITY CENTER
FL

Zip
33573

Country

3. Mailing Office Address
1010 AMERICAN
EAGLE BLVD

Suite, Apt. #, etc.

352

City & State
SUN CITY CENTER
FL

Zip
33573

Country

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

07/27/1988

5. FEI Number

59-2910014

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

ALAN L. ZIMMERMAN

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

1220 CARRIE WOOD DR

Suite, Apt. #, Etc.

City

VALRICO

State
FL

Zip Code

33594

700023871197

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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

Alan L. Zimmerman

Date

10/14/2003

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
CD	MILLER, EDWARD J.	1010 AMERICAN EAGLE BLVD #126	SUN CITY CENTER FL 33573
P	ZIMMERMAN, ALAN L.	1220 CARRIE WOOD DR	VALRICO FL 33594
TD	NASH, MARTIN A.	1010 AMERICAN EAGLE BLVD #138	SUN CITY CENTER FL 33573
SD	BARBER, EDNA D.	1010 AMERICAN EAGLE BLVD #742	SUN CITY CENTER FL 33573
D	MUSGRAVE, HOWARD	1010 AMERICAN EAGLE BLVD #716	SUN CITY CENTER FL 33573

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.

Alan L. Zimmerman

813-633-4467

SIGNATURE: ALAN L. ZIMMERMAN

10/14/2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)