

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N44810

1. Corporation Name

NORTH OKALOOSA COUNTY CHAPTER #4675 OF AMERICAN
ASSOCIATION OF RETIRED PERSONS, INC.

96 DEC 11 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

% DOROTHY HARTER -
205 S. CHURCH STREET -
CRESTVIEW FL 32539 -
US -

Mailing Address

% DOROTHY HARTER
205 S. CHURCH STREET
CRESTVIEW FL 32539
US -



REINSTATEMENT 96

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Loetta Simmons
Suite, Apt. #, etc.
108 TYNER DR
City & State
Crestview FL
Zip
32539 Country
OKALOOSA

3. New Mailing Office Address, If Applicable

Loetta Simmons
Suite, Apt. #, etc.
198 S. Wilson ST
City & State
Crestview FL
Zip
32536 Country
OKALOOSA

4. Date Incorporated or Qualified
To Do Business in Florida

08/19/1991

5. FEI Number

52-1702055

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	BRANCH, JOHN M	540 RED BIRD LANE	HOLT FL 32564
VD	STEPHENSON, IRENE	314 ADAMS DR.	CRESTVIEW FL 32538
TD	HARTER, DOROTHY	205 S CHURCH ST	CRESTVIEW FL 32539
SD	GOVER, IRENE	17 CRESCENT AVE.	CRESTVIEW FL 32539
PD	GARRETT, C.B.	6222 OLD BETHEL RD.	CRESTVIEW FL 32538
PVD	HAYES, FLORENCE	838 CONYERS STREET	CRESTVIEW FL 32538

8. Name and Address of Current Registered Agent

BRANCH, JOHN M
540 RED BIRD LANE
HOLT FL 32564

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State
Zip Code

600002028346--5
-12/13/96-01012--012

***236-25 ***236-25
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

John M Branch
REGISTERED AGENT MUST SIGN

Date 12-5-96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for Information
on Intangible tax.)

12. 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:

John M Branch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-5-96
Date

904 537-3644
Daytime Phone #

CR200-00 (7/96)