PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JUN -7 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N46074

1. Corporation Name
Northwest Miami Chapter #4686 of American Association Retired Persons INC
Ref # N46074 W06-16546

REINSTATEMENT 04-06
CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
1520 N.W. 132 Street	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL 33167-1635	City & State: Miami FL
Zip: 33167-1635 Country: Dade	Zip: 33167-1635 Country: Dade

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number — ☐ 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

100076209571
06/15/06--01003--006 **87.50

Name: Elaine G. Symonette

Street Address (P.O. Box Number is Not Acceptable): 1520 N.W. 132 Street

Suite, Apt. #, Etc.:

City: Miami | State: FL | Zip Code: 33167-1635

6/12

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: Elaine G. Symonette — Date: 02/15/06
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
Pres.	Elaine G. Symonette	1520 N.W. 132 Street	Miami FL 33167-1635
1st Vice	Lillie M. Williams	1180 N.W. 50th Street	Miami FL 33142
2nd Vice	Glady Mitchell	1190 N.W. 49th Street	Miami FL 33167
Sec	Verneka Dames	1419 N.W. 55 Terr	Miami FL 33142
Asst Sec	Lillie Davis	3261 N.W. 43rd ST	Miami FL 33142
Treas	Helen Austin	4240 S.W. 23rd ST West Hollywood	FL 33023

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: Elaine G. Symonette — March 28, 2006 — 305 681-5376
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #