
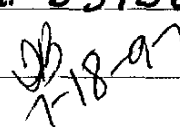


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N48924 1. Corporation Name Liberty City- Miami Chapter NO. 4725 of American Association of Retired Persons, Inc.			
Principal Place of Business 2350 N.W. 90th Street Miami FL 33147			
FILED 97 JUL 17 AM 11:44 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
REINSTATEMENT 90-97			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	
		4. Date Incorporated or Qualified To Do Business in Florida May 15, 1992	
		5. FEI Number 52-1707929	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> 300002243203-0 07/21/97-01119-013 ***297.50 State ***297.50	
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
P/O	Anna Bell Moore	2350 N.W. 90th Street	Miami FL 33147
V/O	Esterlene Colebrook	8400 N.W. 25th Ave #60	Miami FL 33147
T	Marilyn Finkley	8400 N.W. 25th Ave #	Miami FL 33147
S/O	Agnes Welcher	950 N.W. 95 Street	Miami FL 33150
			
8. Name and Address of Current Registered Agent Esterlene Colebrook 8400 N.W. 25th Ave #60 Miami Fla 33147		9. Name and Address of New Registered Agent Name Anna Bell Moore Street Address (P.O. Box Number is Not Acceptable) 2350 N.W. 90th Street Suite, Apt. #, Etc. City miami State FL Zip Code 33147	
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 Anna Bell Moore Date 6/29/97 REGISTERED AGENT MUST SIGN			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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: Anna Bell Moore Anna Bell Moore 6/29/97-305-836-9119 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CPEC040 (12/96)