PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAY 14 AM 11:41

DOCUMENT # N48924

1. Corporation Name

LIBERTY CITY-MIAMI CHAPTER #4725 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC

REINSTATEMENT 00-04

2. Principal Office Address	3. Mailing Office Address
8400 NW 25 Ave	8400 NW 25 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL	City & State: Miami FL
Zip: 33147 Country: DADE	Zip: 33147 Country: DADE

4. Date Incorporated or Qualified To Do Business in Florida: 05/15/1992

5. FEI Number: 521707929 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.

City: Plantation | State: FL | Zip Code: 33324

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: _____ REGISTERED AGENT MUST SIGN

Stacy M. Rosenthal
Vice President and
Assistant Secretary

Date: 5/14/04

CR2E051 (10/02)

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	Mary Ramsey	2325 NW 94th Street	Miami, FL 33147-3041
V PRES	Cassie Poindexter	2101 NW 60th Street	Miami, FL 33142-7823
SEC	June Mapp	P O Box 470211	Miami, FL 33247-0211
TRES	Annabell Moore	7615 NW 2nd Ave. Apt 420	Miami, FL 33150-3589

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. This 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 treasurer — 5-12-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000105394 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)222-9428

CORPORATION REINSTATEMENT

LIBERTY CITY-MIAMI CHAPTER #4725 OF AMERICAN ASSOCIA

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$481.25

Electronic Filing Menu Corporate Filing Public Access Help