

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b>  97 AUG 15 AM 11:45  SECRETARY OF STATE TALLAHASSEE FLORIDA	
DOCUMENT # <b>N93000005379</b> <b>CENTURY AREA CHAPTER</b> <b># 4896 OF AMERICAN ASSOCIATION</b> <b>OF RETIRED PERSONS, INC.</b>		<b>REINSTATEMENT</b> <span style="font-size: 2em; float: right;">9596</span>			
1. Corporation Name <b>CENTURY, FL. 32535</b>		Principal Place of Business <b>140 Highway 4</b> <b>CENTURY, FL. 32535</b>		Mailing Address <b>P.O. Box 86</b> <b>CENTURY, FL.</b> <b>32535</b>	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable <b>W. WILLIAMS</b> Suite, Apt. #, etc. <b>P.O. Box 86</b> City & State <b>CENTURY, FL</b> Zip <b>32535</b> Country <b>ESCAMBIA</b>		3. New Mailing Office Address, If Applicable <b>W. WILLIAMS</b> Suite, Apt. #, etc. <b>P.O. Box 86</b> City & State <b>CENTURY FL.</b> Zip <b>32535</b> Country <b>ESCAMBIA</b>		4. Date Incorporated or Qualified To Do Business in Florida <b>Dec. 1993</b>  5. FEI Number <b>52-1801540</b>  6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	
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		
P	WASHINGTON WILLIAMS	8801 N. CENTURY BLVD	CENTURY, FL. 32535		
T	MARIE McMURRAY	104 HOWARD ST.	CENTURY, FL. 32535		
S	ADA BRIGHT	8811 ALGER RD.	CENTURY, FL. 32535		
D	JESSE HARDY	9640 SHADY LANE APT. E-21	CENTURY, FL. 32535		
D	JOE ROBERTS	5 HATTIES BLVD.	CENTURY, FL. 32535		
S/D	ADA BRIGHT	8811 ALGER RD.	CENTURY, FL. 32535		
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
<b>WASHINGTON WILLIAMS</b> <b>P.O. Box 86</b> <b>CENTURY, FL. 32535</b>			Name <b>WASHINGTON WILLIAMS</b> Street Address (P.O. Box Number is Not Acceptable) <b>8801 NORTH CENTURY BLVD.</b> Suite, Apt. #, Etc.  City <b>CENTURY</b> State <b>FL</b> Zip Code <b>32535</b>		
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  REGISTERED AGENT MUST SIGN		Date <b>8-11-97</b> <b>300002271563--2</b> <b>08/19/97--01076--007</b> <b>*****61.25 *****61.25</b> on intangible tax.)			
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"/>					
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<b>WASHINGTON WILLIAMS</b> <b>8-11-97</b> (850) 256-3939 Date Daytime Phone #			

CR2E040 (12/96)