

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 10 AM 8:20

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N97000002212

1. Corporation Name

TEMPLE TERRACE CHAPTER #5194 OF AARP, INC.

Principal Place of Business

WOOD MONT-CLUBHOUSE
415 WOOD MONT AVE
TAMPA FL 33617
US

Mailing Address

~~JAKE MULLEN~~ Evelyn M. CARTER
~~5104 PURITAN CIRCLE~~ 11866 NORTHTRAIL AVE
TAMPA FL 33617
US FL

REINSTATEMENT



500023961795
11/10/03--01113--019 **61.25

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

2. New Principal Office Address, If Applicable

~~Evelyn M. CARTER~~
~~11866 NORTHTRAIL AVE~~

City & State
~~TAMPA FL~~

Zip Country
~~33617-1790 US~~

3. New Mailing Office Address, If Applicable

~~Evelyn M. CARTER~~
~~11866 NORTHTRAIL AVE~~

City & State
~~TAMPA FL~~

Zip Country
~~33617-1790 US~~

4. Date Incorporated or Qualified
To Do Business in Florida

04/18/1997

5. FEI Number

53-5348996

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required
for a 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	ADAMA, SHIRLEY Evelyn M. CARTER	630 HOLLAND AVE 11866 NORTHTRAIL AVE	TEMPLE TERRACE FL 33617
TD	MULLEN, JAKE Bettie Hunsinger	5104 PURITAN CIRCLE 6321 Misty Terrace	TAMPA FL 33617
1VPD	EASLER, HERMAN	402 S RIVERHILLS DRIVE	TAMPA FL 33617
SD	STADLEY, JEAN KAY BATES	503 BONANG AVE 11862 NORTHTRAIL AVE	TAMPA FL 33617
2VPD	BATES, KAY Bob MARQUETTE	11862 NORTHTRAIL AVE 12401 N 22 St. C 708	TEMPLE TERRACE FL 33617 TAMPA 33612
AT	MARQUETTE, BOB	6301 THUNDER PLACE	TAMPA FL 33617

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

500023961795

10/21/03--01028--005 State Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

PETER F. SOUZA
ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

10/17/03

11. 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:

Evelyn M. CARTER Evelyn M. CARTER
President

Date

Oct. 13, 2003 813-983-9101

Daytime Phone #