

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUL 21 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N98000005906*

1. Corporation Name

SENIOR CENTER ASSOCIATION, INC

100021783731
07/25/03--01019--018 **358.75

2. Principal Office Address

105 S. RIVERSIDE DR

3. Mailing Office Address

105 S RIVERSIDE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEW SMYRNA BEACH, FL. NSB FL.

City & State

NSB FL.

Zip

32168

Country

FLORIDA USA

Zip

32168

Country

USA

REINSTATEMENT 01-02-03

4. Date Incorporated or Qualified To Do Business in Florida

10/15/98

5. FEI Number

593408251

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

Name

KATIE ACRES

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

1601 BEACON ST.

Suite, Apt. #, Etc.

City

NEW SMYRNA BEACH

State

FL

Zip Code

32169

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

Katie Acres

REGISTERED AGENT MUST SIGN

Date

7-18-2003

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
<i>P</i>	<i>KATIE ACRES D</i>	<i>1601 BEACON ST</i>	<i>NEW SMYRNA BEACH FL 32169</i>
<i>-VP</i>	<i>JOANNE WILLIAMS D</i>	<i>280 RIO GRANDE</i>	<i>EDGEWATER FL 32141</i>
<i>T</i>	<i>LYNNE DAVIS D</i>	<i>848 PINE SHORES CT.</i>	<i>NSB, FL 32168</i>
<i>S</i>	<i>HERB SILVERMAN D</i>	<i>122 COSTA RICA</i>	<i>EDGEWATER, FL 32141</i>

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. 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:

Katie Acres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-18-2003

Date

Daytime Phone #

7/22

CR2E081 (10-02)