

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC -3 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000014453

1. Corporation Name

PARTNERSHIP ON AGING, INC.

Principal Place of Business

1725 MANATEE AVENUE WEST
BRADENTON FL 34205

Mailing Address

1725 MANATEE AVENUE WEST
BRADENTON FL 34205

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

02/08/2001

5. -FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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
PSD	PETERSEN, GARY B	1725 MANATEE AVENUE WEST	BRADENTON FL 34205
VTD	PETERSEN, NANCY C	1725 MANATEE AVENUE WEST	BRADENTON FL 34205

000009308590
12/03/02--01013--008 **211.25

8. Name and Address of Current Registered Agent

PETERSEN, GARY B
1725 MANATEE AVENUE WEST
BRADENTON FL 34205

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Nancy C. Petersen
REGISTERED AGENT MUST SIGN

Date

11/4/02

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NANCY C. PETERSEN

11/4/02 (941) 746-5226
Date Daytime Phone #

CR2E040 (8/02)

"Our Home of Bradenton" at Ware's Creek
Partnership on Aging, Incorporated
1725 Manatee Avenue West
Bradenton, Florida 34205
Phone 941.476.5226 Fax 941.746.2533

December 1, 2002

Florida Department of State
Jim Smith, Secretary of State
DIVISION OF CORPORATIONS
P. O. Box 6327
Tallahassee, FL 32314

RE: Document #P01000014453
ID#65-1080795
Partnership on Aging, Inc.

Dear Mr. Smith:

Enclosed is our Application for Reinstatement along with a check for \$211.25, which represents \$150.00 for reinstatement fee and \$61.25 for the annual report fee.

We did not receive the prior uniform business report (UBR) notices, so we request that the reinstate our corporation with the application and check enclosed.

If you have any questions, please let me know.

Very truly yours,



Nancy C. Petersen
Vice President/Director/Treasurer

Enclosures (2)