

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 FEB 29 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000081864

1. Corporation Name

SENIOR MEMBERSHIP SERVICES, CORP.

Principal Place of Business

5626 ATLANTIC AVE N
ST PETERSBURG FL 33703

Mailing Address

5626 ATLANTIC AVE N
ST PETERSBURG FL 33703

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

09/18/1998

5. FEI Number

59-3535671

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
President	Peter John Wohlfelder	5626 Atlantic Av. N.	St. Petersburg, FL 33703
Vice-President	Timothy John Wohlfelder	5626 Atlantic Av. N.	St. Petersburg, FL 33703
Secretary/ Treasurer	Norma Jane Wohlfelder	5626 Atlantic Av. N.	St. Petersburg, FL 33703

8. Name and Address of Current Registered Agent

WOHLFELDER, PETER J
5626 ATLANTIC AVE N
ST PETERSBURG FL 33703

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.

Signature of
Registered Agent

Peter J. Wohlfelder
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 2-24-00

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:

Peter J. Wohlfelder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Peter J. Wohlfelder, President

2-24-00

Date

727-521-2099

Daytime Phone #

CR2ED40 (8/99)