

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 NOV 22 AM 10:06

DOCUMENT # 741265

1. Corporation Name

THE SCOTTISH-AMERICAN SOCIETY OF CENTRAL FLORIDA, INC.

Principal Place of Business

524 SANDLINE ROAD  
WINTER GARDEN FL 34797  
US

Mailing Address

P.O. BOX 2948  
ORLANDO FL 32802  
US



REINSTATEMENT *00*

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

|  |         |  |         |  |  |
|--|---------|--|---------|--|--|
| 2. New Principal Office Address, If Applicable |         | 3. New Mailing Office Address, If Applicable |         | 4. Date Incorporated or Qualified To Do Business in Florida<br>01/03/1978  |  |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc.                          |         | 5. FEI Number<br>59-2824066  |  |
| City & State                                   |         | City & State                                 |         | Applied For<br>Not Applicable  |  |
| Zip  | Country | Zip  | Country | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

| 1             | 2                                 | 3  | 4                           |
|---------------|-----------------------------------|--|-----------------------------|
| Title(s)      | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip          |
| <del>PD</del> | <del>GRAVEDON, WOODROW W JR</del> | <del>805 E HAWTHOOD STREET</del>               | <del>ORLANDO FL 32808</del> |
| <del>PD</del> | MARSHALL, RICHARD                 | 14511 HERTHA AVENUE                            | ORLANDO FL 32826            |
| STDY          | GRAY, VALERIE A                   | 524 SANDLINE ROAD                              | WINTER GARDEN FL 34797      |
| VD            | DENNIS BARR                       | 11 OKALPI LANE                                 | ORLANDO, FL 32825           |
|               |                                   |  | 700003496707-0              |
|               |                                   |  | -12/12/00--01040--004       |
|               |                                   |  | ****236.25 ****236.25       |

8. Name and Address of Current Registered Agent

GRAY, JAMES S.M.  
524 SANDLINE ROAD  
WINTER GARDEN FL 34797

9. Name and Address of New Registered Agent

|  |                      |
|--|----------------------|
| Name   |                      |
| Street Address (P.O. Box Number is Not Acceptable) |                      |
| Suite, Apt. #, Etc.                                |                      |
| City   | State<br>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

*James S.M. Gray*  
REGISTERED AGENT MUST SIGN

Date 11/9/00

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:

*Valerie A. Gray*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/9/00

407-654-8998  
Daytime Phone #