

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION

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

DOCUMENT # N14758

1. Corporation Name
 Orlando District FORD
 Parts and Service Club Inc.

2. Principal Office Address Terrace
 9915 Discovery
 Suite, Apt. #, etc.

3. Mailing Office Address Terrace
 9915 Discovery
 Suite, Apt. #, etc.

City & State Bradenton, FL
City & State Bradenton, FL

Zip 34202 **Country** USA **Zip** 34202 **Country** USA

FILED
 02 SEP -3 AM 10:25
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

300007823359--1
 -09/18/02--01032--030

4. Date Incorporated or Qualified To Do Business in Florida 5/6/1986

5. FEI Number 59-3301082 **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 Russ CARON

Street Address (P.O. Box Number is Not Acceptable) 9915 Discovery Terrace

Suite, Apt. #, Etc.

City Bradenton **State** FL **Zip Code** 34202

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 Russ Caron **Date** 4/12/02

REGISTERED AGENT MUST SIGN

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
D	Russ CARON	9915 Discovery Terrace	Bradenton, FL 34202
D	Bob Sigmon	877 Queens Harbor	Jacksonville, FL 32225
D	Mike Baker	505 Hiawatha Ave	Inverness, FL 34452
P	Richard Bennett	1800 Boy Scout Rd	Ft Myers, FL 33907
		01-02	482

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: Bob Sigmon Bob Sigmon **Date** 4-12-02 **Daytime Phone #** 904 886-8483

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2081 (9/01)

September 3, 2002

**WL Brewer Scholarship Fund
%Bob Sigmon
877 Queens Harbor Blvd.
Jacksonville, Fl. 32225**

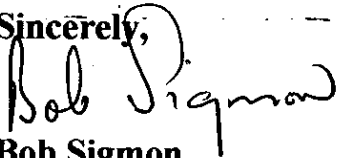
**Florida Dept of State
Divisional Corp.
% Tyrone Scott
P.O. Box 6327
Tallahassee, Fl. 32314**

Dear Mr. Scott:

Enclosed is a check in the amount of \$140.00 to pay our corporation fees for 2001 and 2002. We sent it in to the state on April 12, 2002 but it was returned to us by mistake. You said to return it to your attention. We never found the previous check I wrote so I have made out another check. I am also paying for status reports to be mailed to my attention at the above address.

If you have any questions I can be reached at 904-886-8483.

Sincerely,


Bob Sigmon