PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION [redacted]

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

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

DOCUMENT # N14758

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

2. Principal Office Address	3. Mailing Office Address
9915 Discovery Terrace	9915 Discovery Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bradenton, Fl	City & State: Bradenton, Fl
Zip: 34202 Country: USA	Zip: 34202 Country: USA

900007823359--1
-09/18/02--01032--030
****140.00 ****140.00

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

5. FEI Number: 59-330 1082 ☐ 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

CR2E081 (9/01)

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 4BR	

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 4-12-02 904 886-8483
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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

Bob Sigmon