

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

99 JUN 18 PM 1:12

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **N27855**

1. Corporation Name  
**DARGY AKERS ORMOND BEACH ROTARY SCHOLARSHIP FUND, INC.**

300002914603--9  
 -06/24/99--01085--006  
 \*\*\*\*306.25 \*\*\*\*306.25

Principal Place of Business Mailing Address  
**c/o WILLIAM AKERS, III** **c/o WILLIAM AKERS, III**  
**120 E. Granada Blvd.** **120 E. Granada Blvd.**  
**Ormond Beach, FL 32176** **Ormond Beach, FL**  
**32176**

**REINSTATEMENT 98-99**

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  
**8/12/88**

5. FEI Number  
**59-2957668**

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	WILLIAM AKERS, III	120 E. Granada Blvd.	Ormond Beach, FL 32176
D	GERALD C. GRANVILLE	575 North Nova Rd.	Ormond Beach, FL 32174
D	THOMAS H. CARTLEDGE	417 N. Beach St.	Ormond Beach, FL 32174
D	HOWARD A. MAYO	110 County Club Dr.	Ormond Beach, FL 32176
D	ROBERT McLEOD	161 Ellicott Dr.	Ormond Beach, FL 32176

8. Name and Address of Current Registered Agent  
**G. Laurence Baggett**  
**523 N. Halifax Ave.**  
**Daytona Beach, FL 32118**

9. Name and Address of New Registered Agent

Name  
**William Akers, III**

Street Address (P.O. Box Number is Not Acceptable)  
**120 E. Granada Blvd.**

Suite, Apt. #, Etc.

City **Ormond Beach** State **FL** Zip Code **32176**

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 *[Signature]* Date **6/15/99**  
 REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. 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]* (904) 672-0420  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2001 (12/98)

*[Handwritten initials]*