

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 JUN 28 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N39688*

1. Corporation Name
American Association of State Troopers Scholarship
Foundation, Inc.

| | | | |
|--|---------------|-----------------------------------|-----------------|
| 2. Principal Office Address 1949 Raymond Diehl Road | | 3. Mailing Office Address Same | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Tallahassee, Florida | | City & State Same | |
| Zip 32308 | Country US | Zip Same | Country Same |

REINSTATEMENT *94-00*

| | |
|---|--------------------------------------|
| 4. Date Incorporated or Qualified To Do Business in Florida 8/27/90 | |
| 5. FEI Number 59-3054670 | Applied SP Not Applicable. |
| 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | |

7. Name and Address of Current Registered Agent

Name
J. Alan Cox 400003329784-3

Street Address (P.O. Box Number is Not Acceptable)
1660 Metropolitan Circle ~~07/20/00-01061-007~~
****612.50 ****612.50

Suite, Apt. #, Etc.

City
Tallahassee State FL Zip Code 32308

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 *[Signature]* Date June 21, 2000
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 |
|-----------------------|-----------------------------------|--|-----------------------|
| Director/ Chairman | J. D. Johnson | 2950 Spring Chase Lane | Marianna, FL 32446 |
| Director/ V Chair | Gerry Gregg | 10910 SW Arthur Court | Wilsonville, OR 97070 |
| Director/ S/T | V. J. Johnson | 403 Stonehouse Road | Tallahassee, FL 32301 |
| Dir | Frank Thomas | 1208 S Brady Street | DuBois, PA 15801 |
| Dir | Jim Collins | 11344 Marion Oaks | Tuscaloosa, AL 35405 |

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/21/00
Date

482-3384
Daytime Phone #

CR2E081 (9/99)