

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

99 NOV 17 PM 2:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N45321

1. Corporation Name

CHARLES H. LENNON MEMORIAL SCHOLARSHIP FUND, IN  
C.

Principal Place of Business

Mailing Address

4949 BILLINGS AVENUE  
P.O. BOX 501  
DELEON SPRINGS FL 32059-4426

4949 BILLINGS AVENUE  
P.O. BOX 501  
DELEON SPRINGS FL 32059-4426

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

09/25/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3093714

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

See 7. for instructions on how to complete this section.

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	SHEPARD, LEONARD	3355 OAKLEA DRIVE	DELAND FL
SD	PAIGE, ROBERT E.	3823 GRAND AVE.	DELAND FL
TD	SCHULER, RICHARD W.	808 PARK AVE.	DELEON SPRINGS FL

800003061048--1

12/06/99 01014-019

\*\*\*236.25\*\*\*236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCHULER, RICHARD W.  
808 PARK AVENUE  
DELEON SPRINGS FL 32130

Name

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

Suite, Apt. #, Etc.

City

State  
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

*Richard W. Schuler* REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/13/99

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:

*Richard W. Schuler* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/13/99  
Date

Daytime Phone #