

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

01 NOV 16 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N95000003542**

1. Corporation Name

BRANDON ROTARY CLUB SCHOLARSHIP FUND, INC.

Principal Place of Business

Mailing Address

P.O. BOX 303
BRANDON FL 33511

P.O. BOX 303
BRANDON FL 33511



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

07/24/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3329005

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D P	FATE, DON Marshall Glass	120 GOLDENWOOD DR 605 Hitching Post Dr.	BRANDON FL 33511
D VP	GREGORY, PAT John Sellers	2403 RANDLEWOOD LN 1514 Burning Tree Lane	BRANDON FL 33511 33510
D T	DAKES, BOB Derrell Curry	102 WATKINS WAY 4611 S. John Moore Road	BRANDON FL 33511
T	GROONE, RO	708 N SYLVAN DR	BRANDON FL 33510
P	ELAM, LEE	121 ASHBROOK DR	BRANDON FL 33511
VP	THIMANIN, JUNE	3608 SUGARLOAF LN	VALRICO FL 33594

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCDERMOTT, MICHAEL J ESQUIRE
791 WEST LUMSDEN ROAD
BRANDON FL 33511

Name

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

600004732926--7

Suite, Apt. #, Etc.

-12/19/01--01049--019

City

*****61.25 *****61.25

State

Zip Code

FL

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 REQUIRED

Date

REGISTERED AGENT MUST SIGN

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)(l), 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 REQUIRED Marshall Glass

11-8-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/01)

292

Brandon Rotary Club Scholarship Fund, Inc.
P. O. Box 303
Brandon, Fl. 33511
Nov. 8, 2001

To Whom It May Concern:

Enclosed please find our check in the amount of \$61.25 along with the completed application for reinstatement form.

At this time we respectfully request that you waive the reinstatement fee due to the fact that the original form did not reach us.

This organization pays no salaries, changes officers each year and its sole function is to award scholarships to deserving students.

Your consideration is appreciated. Thank you.

Sincerely,

