

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

RECEIVED

05 DEC 29 PM 2:42

DIVISION OF CORPORATION

DOCUMENT # 716676

1. Corporation Name

JOSEPH PATRICK DEEB MEMORIAL SCHOLARSHIP
FUND

600062477996
12/30/05--01001--008 **236.25

CR2E081 (8/05)

2. Principal Office Address

227 South Calhoun Street

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32301

Country

USA

3. Mailing Office Address

P. O. Box 391

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32302

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

06/04/1969

5. FEI Number

237028231

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

Margaret B. Ausley

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

227 South Calhoun Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Margaret B. Ausley
REGISTERED AGENT MUST SIGN

Date 12/28/2005

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
P,T, D	J. R. Long	3520 Weems Road	Tallahassee, FL 32317
D	Marcia Deeb Thornberry	2810 Cline Street	Tallahassee, FL 32312
D	Fred Deeb	1713 Mahan Drive	Tallahassee, FL 32308
S,D	Margaret B. Ausley	227 South Calhoun Street	Tallahassee, FL 32301

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:

Margaret B. Ausley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-425-
5491