2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 765476

Oct 30, 2009 Secretary of State

Entity Name: ROTARY CLUB OF FORT LAUDERDALE NORTH, FLORIDA, SCHOLARSHIP FUND, INC.

Current Principal Place of Business: New Principal Place of Business:

3333 N.E. 34TH STREET 408

FT LAUDERDALE, FL 33308

New Mailing Address: Current Mailing Address:

3333 N.E. 34TH STREET

408

FT LAUDERDALE, FL 33308

FEI Number: 59-2328033 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STEWART, CHARLES A 3333 NE 34TH STREET 408

FT LAUDERDALE, FL 33308 US

OFFICERS AND DIRECTORS:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CHARLES A. STEWART

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

DEFELICE, SAL MR. WEAVER, JAMES S Name: Name: 2637 NORTH ANDREWS AVE Address: 2697 OAK TREE DRIVE Address: City-St-Zip: FT LAUDERDALE,, FL 33331 US City-St-Zip: OAKLAND PARK,, FL 33309 US

Title: CH Title: (X) Change () Addition () Delete HARPER, JOHN M DR. Name: HARPER, JOHN M DR. Name:

Address: 5 CAYUGA ROAD Address: 5 CAYUGA ROAD City-St-Zip: FT LAUDERDALE, FL 33308 City-St-Zip: FT LAUDERDALE, FL 33308

Title: SEC () Delete Title: V-P (X) Change () Addition MATHIS, JAY MR. MATHIS, JAY MR. Name: Name:

8604 N CAMPANELLI BLVD 8604 N CAMPANELLI BLVD Address: Address: City-St-Zip: PLANTATION, FL 33322 City-St-Zip: PLANTATION, FL 33322

Title: CPA () Delete Title: BD (X) Change () Addition Name: STEWART, CHARLES A MR. Name: DEFELICE, SAL D 2637 NORTH ANDREWS AVENUE Address: 3333 NE 34TH STREET, #408 Address: City-St-Zip: FT LAUDERDALE,, FL 33308 US City-St-Zip: FT LAUDERDALE,, FL 33311 US

Title: () Delete Title: () Change () Addition

MORRISON, FRANKLIN B MR. Name: Name: 1030 POLK STREET Address: Address: City-St-Zip: HOLLYWOOD, FL 33019 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES S. WEAVER CH 10/30/2009