

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAR -4 PM 2:25

DOCUMENT # F06000005394

1. Corporation Name

Scholars Group Inc

2. Principal Office Address - No P.O. Box #

1650 Margaret St

Suite, Apt. #, etc.

Suite 302-313

City & State

Jacksonville, FL

Zip

32204-3869

Country

USA

3. Mailing Office Address

110 Wild Basin Road

Suite, Apt. #, etc.

Suite 275

City & State

Austin, TX

Zip

78746

Country

USA

000171175240 KS
03/04/10--01002--022 **450.00
REINSTATEMENT (79) 08-10

4. Date Incorporated or Qualified
To Do Business in Florida

June 22, 2006

5. FEI Number
41-2209348

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

Michael Flowers

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

1650 Margaret St

Suite, Apt. #, Etc.

Suite 302-313

City

Jacksonville

State

FL

Zip Code

32204-3869

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Michael Flowers

REGISTERED AGENT MUST SIGN

Date March 1, 2010

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	Michael Flowers	110 Wild Basin Road Suite 275	Austin, TX 78746

10. E-mail Address: mflowers@100scholars.com

(To be used for future annual report notification)

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. I further certify, 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:

Michael Flowers

President

03/01/2010 512-695-1955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #