

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 APR 17 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000003986

1. Corporation Name

CITIZENS' SCHOLARSHIP FOUNDATION OF AMERICA, INC.

Principal Place of Business

Mailing Address

7703 NORMANDALE RD 110
MINNEAPOLIS MN 55435

7703 NORMANDALE RD 110
MINNEAPOLIS MN 55435

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 00-01

4. Date Incorporated or Qualified To Do Business in Florida

08/02/1996

SP

5. FEI Number

04-2296967

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DC	ELLINGSWORTH, PATRICK J Phyllis McGrath	515 S FLOWER ST AP 5083 2 Austin Drive	LA GA 90071 Basking Ridge, NJ 07920
PD	NELSEN, WILLIAM C DR	1505 RIVERVIEW RD	ST PETER MN 56082
VPD	JORGENSEN, NELSEN Linda Mahoney	7703 NORMANDALE RD 110	MINNEAPOLIS MN 55435
VPD	VOGEL, FRED P	1505 RIVERVIEW RD	ST PETER MN 56082
VPD	BULLOCK, ELLIS F JR Alan Spillers	7600 PARKLAWN # 246 7703 Normandale Rd. #110	MINNEAPOLIS MN 55435
D	DAVIS, BETTY	10 PARK PLACE, STE 24, C/O FALTO	ATLANTA GA 30303

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
-1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name 700004077687-7
-04/25/01--01066--019
Street Address (P.O. Box Number is Not Accepted) 245.00 *****245.00
Suite, Apt. #, Etc. 700004077687-7
-04/25/01--01066--020
City *****61.25 State FL Zip Code 61.25

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

William C. Nelson
REGISTERED AGENT MUST SIGN

Date

12/29/00

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:

William C. Nelson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WILLIAM C. NELSON, PRESIDENT, CSFA

Date

Nov. 6, 2000 / 507-921-0400

Daytime Phone #

CR2E040 (8/00)