

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # **F96000005027**

1. Corporation Name

Beulah A. G. Smith Scholarship Fund, Inc.

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

**6 Eufaula Frazier
4929 N.W. 17 Ave.**

Suite, Apt. #, etc.

3. Mailing Office Address

**6 Eufaula Frazier
4929 N.W. 17 Ave.**

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33142

Country

US

City & State

Miami, FL

Zip

33142

Country

US

7. Name and Address of Current Registered Agent

Name

Frazier Eufaula

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

4929 N.W. 17 Ave.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33142

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

REGISTERED AGENT MUST SIGN

Date

2/15/2012

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
PD	Smith, Daniel	12837 Slocums	Calumet PK, Ill. 60643
VPD	Smith, Lisa	12837 Slocums	Calumet PK, Ill. 60643
CEO	Smith, Lucious H	9724 So Sangomen	Chicago, ILL. 60643
SD	shaw, Joyce	2453 Baxter Rd. SW	Atlanta, Ga.

10. E-mail Address: **MSM@frazier@aol.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/15/2012

Daytime Phone #

100 10 2012**OUTLER**FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 APR 10 PM 4:47

400222477184
02/20/12--01046--004 **245.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida**9/27/1996**

5. FEI Number

363755734

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

**\$8.75 Additional Fee required
for a Certificate of Status**REINSTATEMENT **10-12**400222477184
03/14/12--01030--001 **22.50400222477184
04/10/12--01022--019 **100.00REINSTATEMENT
2010-2012