

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00000001574

1. Corporation Name

Discovery Institute Scholarship Fund, Inc.

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

227 N. Ridgewood Ave

Suite, Apt. #, etc.

REI

3. Mailing Office Address

227 N. Ridgewood Ave

Suite, Apt. #, etc.

City & State

Edgewater, FL

City & State

FL

Zip

32132

Country

USA

Zip

32128

Country

USA

7. Name and Address of Current Registered Agent

Name

Danny R. Lewis

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

227 N. Ridgewood Ave

Suite, Apt. #, Etc.

City

Edgewater

State

FL

Zip Code

32132

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

Danny R. Lewis

REGISTERED AGENT MUST SIGN

Date 12/9/08

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
D	Deloris Powers	432 Warren Ave	New Smyrna Bch, FL 32168
D	Karen Midland	1409 Tamarind Dr	Edgewater 32141
D	Rhonda Miles	344 Warren Ave	New Smyrna Bch, FL 32168
D	Matthew Remillard	794 Old Mission Rd	New Smyrna Bch, FL 32168

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 contained in Chapter 119, 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:

Danny R. Lewis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/9/08

Date

356 304-5007

Daytime Phone #

FILED

08 DEC 11 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100138956501
12/11/08--01025--010 **183.75

REINSTATEMENT

06-08

4. Date Incorporated or Qualified
To Do Business in Florida

03/09/2000

5. FEI Number

593630961

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.