


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLOIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N00000002955

1. Corporation Name

CLASSICAL LEAGUE SCHOLARSHIPS, INC.

Principal Place of Business

2400 SHALLEY DRIVE
TALLAHASSEE FL 32308

Mailing Address

2400 SHALLEY DRIVE
TALLAHASSEE FL 32308

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

4. Date Incorporated or Qualified
To Do Business in Florida

05/01/2000

5. FEI Number

59-364-5238

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
P	Lois Ann Bower (D)	2400 Shalley Dr.	Tallahassee, FL 32309
V	Nancy Allen (D)	719 Moravan Ave.	Jacksonville, FL 32211
S/T	Theresa Andino (D)	3279 John Hancock	Tallahassee, FL 32312

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8. Name and Address of Current Registered Agent

MORGAN, TERESA BYRD
302 EAST DUVAL STREET
LAKE CITY FL 32055

9. Name and Address of New Registered Agent

Name

Theresa Andino

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

3279 John Hancock

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32312

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


REGISTERED AGENT MUST SIGN

Date 11/2/01

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)(i), 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/2/01

Date

850-893-1151

Daytime Phone #