

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **N01000001540**

1. Corporation Name

IFDF SCHOLARSHIP FOUNDATION, INC.

Principal Place of Business

**217 S ADAMS ST
TALLAHASSEE FL 32301**

Mailing Address

**217 S ADAMS ST
TALLAHASSEE FL 32301**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/06/2001

5. FEI Number

59-3758033

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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|---------------|---|--|-------------------------|
| C | ODOM, SAM | 519 CATHCART AVE | ORLANDO FL 32803 |
| D | DEAKINS, JOHN | 125 BLUE RUN DR | DUNNELLON FL 34432 |
| D | MILAM, ASHLEY | 311 S MAIN ST | GAINESVILLE FL 32601 |
| D | ADKINS, ROBERT | P.O. BOX 10041 | JACKSONVILLE FL 32247 |
| D | MACKS, RONNIE | 100 BEVERLY PKWY | PENSACOLA FL 32505 |
| D | Mixon, M. Juhan | 217 South Adams Street | Tallahassee, FL 32301 |

8. Name and Address of Current Registered Agent

**MEYER, RONALD G ESQ
C/O MEYER & BROOKS, P.A.
2544 BLAIRSTONE PINES DR
TALLAHASSEE FL 32301**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/23/02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**10/17/02 (650)
222 8591**

FILED

02 OCT 28 PM 4:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2002