PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 JUN 30 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000000596

1. Corporation Name
GAMMA XI BOULE' SCHOLARSHIP FUND INC.

REINSTATEMENT 04-08

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
7003 TWIN HLLS TERRACE	7003 TWIN HILLS TERRACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bradenton, Florida	City & State: Bradenton, Florida
Zip: 34202 Country: Manatee	Zip: 34202 Country: Manatee

4. Date Incorporated or Qualified To Do Business in Florida: 7/1/2002

5. FEI Number: 59-3711858 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Arthur C. Flood
Street Address (P.O. Box Number is Not Acceptable): 7003 Twin Hills Terrace
Suite, Apt. #, Etc.:
City: Bradenton State: FL Zip Code: 34202

☐ 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.

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: Arthur C. Flood Date: 6/24/08
REGISTERED AGENT MUST SIGN

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
P	Arthur C. Flood	7003 Twin Hills Terrae	Bradenton, Fl 34202
	See attachment		

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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: Arthur C. Flood 6/24/08 941-907-0909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

GAMMA XI BOULE' SCHOLARSHIP FUND INC.

OFFICERS AND BOARD OF DIRECTORS

April 21, 2008

Mr. Arthur C. Flood President	7003 Twin Hills Terrace Bradenton, Fl 34202
Mr. Alvin Hudgins Vice President	7318 Westminster Court University Park, Fl 34201
Mr. Robert Johnson Treasurer	35 Watergate Drive, Suite 401 Sarasota, Fl 34236
Dr. Robert Moore Secretary	6543 Masters Avenue Bradenton, Fl 34202
Dr. S. Carroll Buchanan Board Member	5346 Everwood Run Sarasota, Fl 34235
Dr. George Mims Board Member	113 Shady Parkway Sarasota, Fl 34232