

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000002796

1. Corporation Name

HOOVER/STARKS SCHOLARSHIP FUND, INC.

Principal Place of Business

Mailing Address

~~655 CHRISTOPHER ST~~
ST AUGUSTINE FL 32084

~~655 CHRISTOPHER ST~~
ST AUGUSTINE FL 32084



REINSTATEMENT 83

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

2. New Principal Office Address, If Applicable

15 Christopher Street
Suite, Apt. #, etc.
St Augustine Florida
City & State

3. New Mailing Office Address, If Applicable

15 Christopher Street
Suite, Apt. #, etc.
St Augustine Florida
City & State

4. Date Incorporated or Qualified
To Do Business in Florida

04/16/2002

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

Zip
32084

Country
U.S.

Zip
32084

Country
U.S.

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	STAFFORD, RONALD L	655 CHRISTOPHER ST 15	ST AUGUSTINE FL 32084
D	STAFFORD, SHEILA A	655 CHRISTOPHER ST	ST AUGUSTINE FL 32084
D	KENON, SANDRA	1072 CHEYENNE DR	ST AUGUSTINE FL 32086
D	QUARTERMAN, JOSEPHINE	854 W 7TH ST	ST AUGUSTINE FL 32084
D	WILLIAMS, DOROTHY	887 W 3RD ST	ST AUGUSTINE FL 32084

800023963908

10/21/03--01035--007 **236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STAFFORD, RONALD L
~~655 CHRISTOPHER ST~~
ST AUGUSTINE FL 32084

Name

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

15 Christopher Street
Suite, Apt. #, Etc.
St Augustine
City

State
FL

Zip Code
32084

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

Ronald L. Stafford

REGISTERED AGENT MUST SIGN

Date 10/16/03

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:

Ronald L. Stafford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/03 904 824-8884
Date Daytime Phone #

CR2040 (7/03)