

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAR 16 AM 9:27

RECEIVED
TALLAHASSEE, FLORIDA

DOCUMENT # N02000007345

1. Corporation Name

TARPON REUNION COMMITTEE SCHOLARSHIP FUND, INC.

000068561730
03/24/06--01007--017 **420.00

2. Principal Office Address

2936 Peace River Drive

Suite, Apt. #, etc.

City & State

Punta Gorda, FL

Zip

33983

Country

US

3. Mailing Office Address

99 Nesbit Street

Suite, Apt. #, etc.

City & State

Punta Gorda, FL

Zip

33950

Country

US

REINSTATEMENT
CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-4447547

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

Michael P. Haymans

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

Farr Law Firm

Suite, Apt. #, Etc.

99 Nesbit Street

City

Punta Gorda

State
FL

Zip Code

33950

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

Michael P. Haymans
REGISTERED AGENT MUST SIGN

Date

3/8/06

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
DP	DeGAETA, PAUL	2936 Peace River Drive	Punta Gorda, FL 33983
V	CHRISTENSEN, MARK	2936 Peace River Drive	Punta Gorda, FL 33983
DS	HAYMANS, MICHAEL P.	99 Nesbit Street	Punta Gorda, FL 33950
DT	ETHRIDGE, GAIL	17505 Senator Drive	Punta Gorda, FL 33955

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:

Michael P. Haymans
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Michael P. Haymans, Director/Secretary

Date

3/8/06

Daytime Phone #

(941) 639-1158

B. Mitchell MAR 21 2006