PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
05 OCT 28 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02000007972

1. Corporation Name

The Shawn King Scholarship Fund, Inc.

10/14/05 01004 001 6125
10/05/05 01032 002 236.25

2. Principal Office Address	3. Mailing Office Address
c/o Allison King	c/o Allison King
Suite, Apt. #, etc.	Suite, Apt. #, etc.
525 Murex Drive	525 Murex Drive
City & State	City & State
Naples, FL	Naples, FL
Zip / Country	Zip / Country
34102 / US	34102 / US

4. Date Incorporated or Qualified To Do Business In Florida: 10/17/2002

5. FEI Number: 431979341 ☐ 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: Matthew L. Grabinski

Street Address (P.O. Box Number is Not Acceptable): 4001 Tamiami Trail North Suite 300

REINSTATEMENT 04-05

Suite, Apt. #, Etc.: Suite 300

City: Naples | State: FL | Zip Code: 34103

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0509, F.S.

Signature of Registered Agent: _____ Date: 10/4/05
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
D	Paul Manley	900 Goodlette Road North	Naples, FL 34102
D	John Chancellor	74790 Fika Deer Way	Ft. Myers, FL 33912
D	Robert King	9767 Winterview Drive	Naples, FL 34109
D	Allison King	525 Murex Drive	Naples, FL 34102
S/T	Joyce Crossett	c/o BCBE 3606 Enterprise Avenue	Naples, FL 34102

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 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: Joyce L. Crossett Joyce L. Crossett/Secretary 9/29/05 (239) 643-3343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #