

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 OCT 28 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

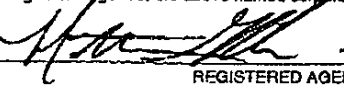
CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 102000007972					
1. Corporation Name The Shawn King Scholarship Fund, Inc.					
2. Principal Office Address c/o Allison King Suite, Apt. #, etc. 525 Murex Drive City & State Naples, FL Zip 34102			3. Mailing Office Address c/o Allison King Suite, Apt. #, etc. 525 Murex Drive City & State Naples, FL Zip 34102		
Country US			Country US		

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

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 ☐ SS 75: Additional fee required for 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, Apt. #, Etc. Suite 300 City Naples		
State FL	Zip Code 34103	

REINSTATEMENT 04-05

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.	
Signature of Registered Agent 	Date 10/4/05
REGISTERED AGENT MUST SIGN	

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	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)(c), 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* / Secretary 9/29/05 (239) 643-3343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (07/04)