


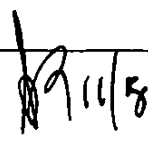
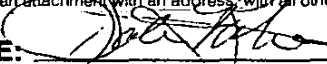


# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N02000009306</b> 1. Entity Name <b>BOB MCCORD SCHOLARSHIP FOUNDATION, INC.</b>						<b>FILED</b> <b>05 NOV -7 PM 2: 33</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>1010 KENNEDY DR KEY WEST, FL 33040</b>				Mailing Address <b>1010 KENNEDY DR SUITE 100 KEY WEST, FL 33040</b>			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address <b>1010 KENNEDY DR. SUITE 100</b> City & State <b>KEY WEST, FL</b> Zip <b>33040</b>		4. FEI Number <b>22-3889014</b>		Applied For <input type="checkbox"/> Not Applicable	
Country <b>MORROE</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		10282005 REIN-NP CR2E099 (6/04)			
6. Name and Address of Current Registered Agent <b>BITTNER, DALE 1010 KENNEDY DR KEY WEST, FL 33040</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE 				DALE BITTNER		11/2/05	
(NOTE: Registered Agent signature required when reinstating)				DATE			
<b>FILE NOW!!! FEE IS \$61.25 After January 1, 2006, Fee will be \$122.50</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCORD, WILLIAM L 1010 KENNEDY DR KEY WEST, FL 33040			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JO5000168275 11/08/05--01002--022 **80.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCORD, LYNN 1010 KENNEDY DR KEY WEST, FL 33040			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BITTNER, DALE 1010 KENNEDY DR KEY WEST, FL 33040			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	11/1/05			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	11/1/05			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or without other like empowered.							
SIGNATURE: 				DALE BITTNER			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone #	