

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


APPROVED
AND
FILED

06 MAR -6 PM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-06 RSC

CR2E081 (8/05)

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N02000009934

1. Corporation Name

SHANE KELLY MEMORIAL
SCHOLARSHIP FUND, INC

2. Principal Office Address

248 ROBIN SONG RD

Suite, Apt. #, etc.

City & State

CHULLUOTA FL

Zip

32766

Country

SEMINOLE

3. Mailing Office Address

P.O. Box 620865

Suite, Apt. #, etc.

City & State

OVIEDO FL

Zip

32762-0865

Country

SEMINOLE

4. Date Incorporated or Qualified
To Do Business in Florida

12/26/02

5. FEI Number

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

SCOTT FORREST

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

248 ROBIN SONG RD

Suite, Apt. #, Etc.

City

CHULLUOTA

State

FL

Zip Code

32766

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

[Signature]

Date 3-1-06

REGISTERED AGENT MUST SIGN

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
P	SCOTT FORREST	248 ROBIN SONG RD	CHULLUOTA, FL 32766
V	TAB BARTLETT	409 SOUTH OXALIS AVE	ORLANDO FL 32807
S	NEIL HUGGINS	507 DARCEY DR	WINTER PARK, FL 32792
T	BOBBY BEAGLES	21302 FORT CHRISTMAS RD	CHRISTMAS, FL 32709

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:

[Signature]

SCOTT FORREST

Date 3-1-06

407-365-4198

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #