

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03000007695

1. Corporation Name

UWC Missionary Baptist Scholarship Foundation, Inc.

2. Principal Office Address - No P.O. Box #

205 W. 19th St.

Suite, Apt. #, etc.

City & State

Apopka, FL

Zip

32703

Country

USA

3. Mailing Office Address

205 W. 19th St.

Suite, Apt. #, etc.

City & State

Apopka, FL

Zip

32703

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 9/2/2003

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

Anthony Jay Robinson

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

205 W. 19th St.

Suite, Apt. #, Etc.

City

Apopka

State

FL

Zip Code

32703

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Anthony Jay Robinson

REGISTERED AGENT MUST SIGN

Date 11/24/2009

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
PD	Robinson, Anthony Jay	205 W. 19th St.	Apopka, FL 32703
VD	Washington, Luther	226 Marker St.	Altamonte Springs, FL 32701
TD	Justice, Doris J.	226 Marker St.	Altamonte Springs, FL 32701
SD	Hargrove-Isom, Shandilyn	205 W. 19th St.	Apopka, FL 32703

10. E-mail Address: umbcapopka@yahoo.com

(To be used for future annual report notification)

11. 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. I further certify 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:

Anthony Jay Robinson

Anthony Jay Robinson

11/24/2009 407-383-8114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

09 NOV 30 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT

04-09

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