

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000012076

FILED  
Nov 28, 2006  
Secretary of State

**Entity Name:** FRANCES BARFIELD MEMORIAL SCHOLARSHIP FUND CORP.

**Current Principal Place of Business:**

2836 ROYAL PALM AVENUE  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

**Current Mailing Address:**

701 BRICKELL AVENUE  
SUITE 3000, ATTN: BRETT BARFIELD  
MIAMI, FL 33131

**New Mailing Address:**

**FEI Number:** 20-2077236      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BARFIELD, BRETT A  
2836 ROYAL PALM AVENUE  
MIAMI BEACH, FL 33140      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: BRETT A. BARFIELD

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BARFIELD, BRETT A  
Address: 2836 ROYAL PALM AVENUE  
City-St-Zip: MIAMI BEACH, FL 33140

Title: V ( ) Delete  
Name: VICKNAIR, KELLE L  
Address: 10650 DUNOON DRIVE  
City-St-Zip: ALPHARETTA, GA 30004

Title: D ( ) Delete  
Name: BARFIELD, BRETT A  
Address: 2836 ROYAL PALM AVENUE  
City-St-Zip: MIAMI BEACH, FL 33140

Title: D ( ) Delete  
Name: KOURTIS, KIMBERLEY D  
Address: 3300 SERENADE COURT  
City-St-Zip: ALPHARETTA, GA 30004

Title: D ( ) Delete  
Name: VICKNAIR, KELLE L  
Address: 10650 DUNOON DRIVE  
City-St-Zip: ALPHARETTA, GA 30004

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRETT A. BARFIELD

O/D

11/28/2006

Electronic Signature of Signing Officer or Director

Date