

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



850-245-6052
FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 AUG 11 A 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000000002

1. Corporation Name

Thomas W. McCormick
Scholarship Fund Corp

200184254032
08/17/10-01021-004 **542.50

CR2E081 (6/10)

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

11 Harborage Isle

3. Mailing Office Address

11 Harborage Isle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33316

Country

Broward

Zip

33316

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

12/30/2004

5. FEI Number

841684810

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

Timothy C. Leixner

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

2201 NE 17th Terr

Suite, Apt. #, Etc.

City

Wilton Manors

State

FL

Zip Code

33305

REINSTATEMENT
05-10
PDS

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]

REGISTERED AGENT MUST SIGN

Date 8/5/10

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	McCormick, Nuccia	11 Harborage Isle	Ft. Lauderdale FL 33316
VP	Uzelac, Coni	11 Harborage Isle	Ft. Lauderdale FL
VP	Naimoli, Kim	11 Harborage Isle	"
T	Naimoli, Steven	11 Harborage Isle	"
S	Mello, Prissila	11 Harborage Isle	"

10. E-mail Address: Steven@Naimoli.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:

[Signature]

Kim A. Naimoli

8/04/10

954-565-1400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #