

**2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Jun 13, 2011  
Secretary of State**

DOCUMENT# N06000000907

**Entity Name:** THE LAWANDA K. SMITH SCHOLARSHIP FUND INC.

**Current Principal Place of Business:**

2452 S HARRY T MOORE AVE  
MIMS, FL 32754

**New Principal Place of Business:**

**Current Mailing Address:**

2452 S HARRY T MOORE AVE  
MIMS, FL 32754

**New Mailing Address:**

**FEI Number:** 55-0915837      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

SMITH-PERRY, URSULA  
1802 POWDER RIDGE RD  
VALRICO, FL 33594 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: URSULA SMITH-PERRY

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** SMITH, CRAIG  
**Address:** 1 BROAD PARKWAY UNIT 2C  
**City-St-Zip:** WHITE PLAINS, NY 10601

**Title:** VPRS  
**Name:** SMITH, CHARLIE  
**Address:** 2452 S HARRY T MOORE AVE  
**City-St-Zip:** MIMS, FL 32754

**Title:** TRSR  
**Name:** SMITH-PERRY, URSULA  
**Address:** 1802 POWDER RIDGE RD  
**City-St-Zip:** VALRICO, FL 33594

I hereby 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 all other like empowered.

SIGNATURE: URSULA SMITH-PERRY

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

TRSR

06/13/2011

\_\_\_\_\_  
Date