

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
11 MAY 10 PM 12:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N25557**

1. Corporation Name

Hillsborough County Employees' Martin Luther King,  
JR. MEMORIAL SCHOLARSHIP FUND, INC.

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

601 East Kennedy Blvd

Suite, Apt. #, etc.

25th FL

City & State

Tampa, FL

Zip

33601

Country

US

3. Mailing Office Address

P O Box 173041

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33672

Country

US

**REINSTATEMENT 10-11**

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

March 23, 1988

5. FEI Number

59-2897179

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

Deborah D. Thomas

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

601 E Kennedy Blvd

Suite, Apt. #, Etc

25th FL

City

Tampa,

State

FL

Zip Code

33601

5/10

500207404325

05/09/11--01056--009 \*\*\*297.50

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

*Deborah D. Thomas*

Date

5/4/11

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
PD	Joyce Russell	601 E Kennedy Blvd	Tampa, FL 33601
VPD	Janice London	5201 Cumberland Dr.	Tampa, FL 33617
TT	Vivian Walker	306 E Jackson St, 5N	Tampa, FL 33602
ST	Diane Shaw	900 N Ashley	Tampa, FL 33602

10. E-mail Address: Thomasd@Hillsboroughcounty.org

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

*Vivian Walker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/4/11

Daytime Phone #