

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR 13 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N33947

1. Corporation Name

CAMPBELL E. NALL SCHOLARSHIP FUND, INC.

2. Principal Office Address - No P.O. Box #
1017 Ponce de Leon Avenue

3. Mailing Office Address
1017 Ponce de Leon Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Clewiston, FL

City & State
Clewiston, FL

Zip
33440

Country
USA

Zip
33440

Country
USA

800147976018
03/30/09--01045--014 **1338.75

REINSTATEMENT 90-09

4. Date Incorporated or Qualified
To Do Business in Florida 08/25/1989

5. FEI Number

65-0258071

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
Melanie A. McGahee, Esq.

Street Address (P.O. Box Number is Not Acceptable)
417 West Sugarland Hwy.

Suite, Apt. #, Etc.

City
Clewiston

State
FL

Zip Code
33440

☐ 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

Melanie A. McGahee

REGISTERED AGENT MUST SIGN

Date 03/18/2009

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	Earle E. Edwards III	325 E. Del Monte Avenue	Clewiston, FL 33440
VPD	Joseph C. Whitehead	P.O. Box 1077	Clewiston, FL 33440
SD	Karl Larson	P.O. Box 1246	Clewiston, FL 33440
TD	Mali Chamness	1017 Ponce de Leon Avenue	Clewiston, FL 33440
		<i>Mali Chamness</i>	

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10. 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 and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

Mali Chamness
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/18/2009

Date

863.983.1677

Daytime Phone #