	PLEAS	E READ AL	L INSTRUCTIONS	BEFORE C	OMPLETI	NG THIS FORM		
APPLICATION FOR			Secretary of S	F STATE am tate				
DO@UMENT # N44194			DIVISION OF CORPORATIONS		97 JAN 24 PH 2: 37			
PEGGY GRIFFIN SCHOLARSHIP FUND, INC.					SECRETARY OF STATE TALLAHASSEE FLORIDA			
Principal Place of Business		N	lailing Address		1 18811186 8	er Gibir Dight schiğ khili billi Gibir Gibir	idir diser dabu sebu sebu sebu 1881	
C/O C. RIDGE Unite ≢1 Riviera Beach Fl 33404 Us			1960 WEST 9TH STREET Unit 1-C/O C. Ridge Riviera Beach FL 33404 Us					
	ncipal Office Address, If A	pplicable 3	incorrect information and enter c New Mailing Office Address, If A  L  L  A  A  A  A  A  A  A  A  A  A  A	Applicable Same	To Do Busin		7/01/1991	
City OSTATE TA Palm BeL,		Bel, F	rty & State		5. FEt Number 6.	65-0274484	Applied For Not Applicable  75 Additional Fee required	
	3 408 FA/	in Duach	irector (Florida nonprofit corpora				or a Certificate of Status	
Title(s)	2 and/	e of Officers or Directors	3 (Do NOT Us	·			4 City / State / Zip  RMERA BEACH FL	
D RIBGE, OLARE D Linda Smitte			€ 17976	1960 W. OTH ST. 17976 U.M. RID			F1 33458	
D ARNOLD, ELAIN D MAXIJUS TRYIOR D SERRAES, ANDREA				130 53RD ST.		WEST PALM BEACH FL 33408		
0	AIKEN, IRMA			52 <del>5 KIRK ROAD</del> #106D		WEST PALM BEACH PL		
₽~	- GRIFFIN, MARGATET			1462 <del>2 SW DIVOT DR.</del>			INDIANTOWN FL	
					11	-01/28/9701097002 ******61.25 ******61.25		
	8. Name and Addr	ess of Current Reg	stered Agent	Name //	9. Name and A	Address of New Registered		
1960	E, CLAIRE W. 9TH STREET RA BEACH FL 33404			Street Address (P	AKN / AY/OK.  P.O. Box Number is Not Acceptable)  Summing burk way			
City North Palm Bch State Zip Gode 408								
10. I, being appointed the registered agent of the above gamed corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  Signature of Registered Agent REGISTERED AGENT MUST SIGN								
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No No No No Intangible tax.)								
12. I certify that 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 filling 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 chroporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #								
	777		7					

## THE BALANCE SHEET, INC.

## A BOOKKEEPING AND PERSONAL TAX SERVICE

Sean Toner,

Sorry for the delay-but I had a baby of then there were complication, Finally back to work & all is well. Hank you for your Lelp

Maxino