

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N46495

FILED
Oct 11, 2006
Secretary of State

Entity Name: THE SCOTT FAMILY FOUNDATION, INC.

Current Principal Place of Business:

251 COCONUT PALM ROAD
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

PO BOX 61179
DURHAM, NC 27715

New Mailing Address:

FEI Number: 65-0300419 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SCOTT, STEVEN M.
251 COCONUT PALM ROAD
BOCA RATON, FL 33432 US

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: STEVEN M. SCOTT, MD

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SCOTT, STEVEN M.
Address: 251 COCONUT PALM ROAD
City-St-Zip: BOCA RATON, FL 33432

Title: D () Delete
Name: SCOTT, REBECCA J.,
Address: 251 COCONUT PALM RD
City-St-Zip: BOCA RATON, FL 33432

Title: D () Delete
Name: SCOTT, STEVEN ROBERT,
Address: 251 COCONUT PALM RD.
City-St-Zip: BOCA RATON, FL 33432

Title: D () Delete
Name: SCOTT, CHASE MARTIN
Address: 251 COCONUT PALM RD.
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: STEVEN M. SCOTT, MD

DP

10/11/2006

Electronic Signature of Signing Officer or Director

Date