

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 JUL -2 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N-47280

1. Corporation Name **The Scholarship Fund of Florida, Inc.**

Principal Place of Business
**11047 S.W. 139 Place
Miami, Florida 33186**

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2/12/92

5. FEI Number
65-0315015

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	Howard Horowitz	10047 S.W. 139 Place	Miami, Florida 33186
D	Janet Horowitz	10047 S.W. 139 Place	Miami, Florida 33186
D	James M. Barclay	131 North Gadsden Street	Tallahassee, Florida 32301
			300002230713---3 -07/03/97--01133--008 ****306.25 ****297.25
			300002230713---3 -07/03/97--01133--008 ****306.25 ****306.25

8. Name and Address of Current Registered Agent

**Howard Horowitz
11047 S.W. 139 Place
Miami, Florida 33186**

9. Name and Address of New Registered Agent

Name
James M. Barclay, Esquire
Street Address (P.O. Box Number is Not Acceptable)
131 North Gadsden Street
Suite, Apt. #, Etc.

Tallahassee

State
FL Zip
32301

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

James M. Barclay

REGISTERED AGENT MUST SIGN

Date **7.2.97**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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 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:

James M. Barclay

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7.2.97 681.3233

Date Daytime Phone #

CR2ED00 (12/96)