2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N49275

FILED Nov 04, 2005 Secretary of State

Entity Name: MISS SEMINOLE SCHOLARSHIP PAGEANT, INC.

Current Principal Place of Business: New Principal Place of Business: 14823 SEMINOLE TRAIL SEMINOLE, FL 33776 **Current Mailing Address: New Mailing Address:** 14823 SEMINOLE TRAIL SEMINOLE, FL 33776 FEI Number: 59-3127534 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: CATON, RICHARD P CATON, RICHARD P. 7843 SEMINOLE BLVD 9075 SÉMINOLE BLVD SEMINOLE, FL 33772 US US SEMINOLE, FL 33772 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: RICHARD P. CATON 11/04/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DP () Delete () Change () Addition HLAS, HENNY Name: Name: 14823 SEMINOLE TRAIL Address: Address: City-St-Zip: SEMINOLE, FL 33776 US City-St-Zip: Title: () Delete Title: (X) Change () Addition MORRIS, MARY Name: WILLIAMS, CAROLYN Name: Address: 483 HARBOR DRIVE SOUTH Address: 9808 ASHLEY DRIVE City-St-Zip: INDIAN ROCKS BEACH, FL 33785 City-St-Zip: SEMINOLE, FL 33772 US Title: () Delete Title: (X) Change () Addition SERATA, JUDY HUBBARD, ALISON Name: Name: 12615 - 76 AVENUE NORTH Address: 8273-131 WAY NORTH Address: City-St-Zip: SEMINOLE, FL 33776 City-St-Zip: SEMINOLE, FL 33776 Title: () Delete Title: (X) Change () Addition Name: MEYER, JESSICA Name: MEYER, JESSICA Address: 11915-81 AVE NORTH Address: 11915-81 AVENUE NORTH City-St-Zip: SEMINOLE, FL 33776 City-St-Zip: SEMINOLE, FL 33772 Title: () Delete Title: () Change () Addition MEYER, BARBARA Name: Name: 11915-81 AVENUE NORTH Address: Address: City-St-Zip: SEMINOLE, FL 33772 City-St-Zip: Title: () Delete Title: () Change () Addition ALLWOOD, CARRIE Name: Name: Address: 9861-119 WAY NORTH Address: SEMINOLE, FL 33772 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: HENNY B. HLAS DP 11/04/2005