


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 APR -7 AM 9:40
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # N93000002524
1. Corporation Name
LAKE MARY- HEATHROW FESTIVAL OF THE ARTS SCHOLARSHIP FUND, INC.

2. Principal Office Address
213 COUNTRY CLUB RD
Suite, Apt. #, etc.

3. Mailing Office Address
P.O. BOX 952125
Suite, Apt. #, etc.

City & State
LAKE MARY, FL

City & State
LAKE MARY, FL

Zip
32746

Country
USA

Zip
32746

Country
USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
593188176

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

CR2E081 (12/05)

01-06

7. Name and Address of Current Registered Agent

Name
DELORES M LASH

Street Address (P.O. Box Number is Not Acceptable)
213 COUNTRY CLUB ROAD

Suite, Apt. #, Etc.
10007375313

City
LAKE MARY

State
FL

Zip Code
32746

05/02/06--01062--021 **\$51.25

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 *DeLores M Lash* Date 03/31/06
REGISTERED AGENT MUST SIGN

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	DELORES M LASH	213 COUNTRY CLUB RD	LAKE MARY, FL 32746
TD	LINDA J RENFRO	2409 ADAMS CT	SANFORD, FL 32771
SD	GIGI SENADOR	4240 W LAKE MARY BLVD	LAKE MARY, FL 32746
		<i>[Handwritten Signature]</i>	

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: *DeLores M Lash* DELORES M Lash 3/31/06 407-523-114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #