

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 FEB 16 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000002919

1. Corporation Name

The Boca Grande Area Chamber of
Commerce Scholarship Fund, Inc

2. Principal Office Address - No P.O. Box #

480 E Railroad

3. Mailing Office Address

PO Box 704

Suite, Apt. #, etc.

#704

Suite, Apt. #, etc.

City & State

Boca Grande FL

City & State

Boca Grande FL

Zip

33921

Country

US

Zip

33921

Country

US

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0544270

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

KERRY HUNTER

Street Address (P.O. Box Number is Not Acceptable)

301 PARK AVE

Suite, Apt. #, Etc.

City

Boca Grande

State

FL

Zip Code

33921

300193065363
02/16/11--01006--005 **70.00

300193065363
02/01/11--01023--020 **236.25

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 1.25.2011

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
P	KERRY HUNTER	301 PARK AVE	Boca Grande FL 33921
VP	RICHARD EDWARDS	428 4th St Ste W	Boca Grande FL 33921
T	JENNIFER BURCH	360 PARK AVE	Boca Grande FL 33921
S	NELL IBA	5800 Gasparilla Rd A	Boca Grande FL 33921
		REINSTATEMENT	10-11

10. E-mail Address: info@bocagrandechamber.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1.25.11

Daytime Phone #

941 964 9096