

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

10/2

DOCUMENT # N93000002919

03 OCT 13 PM 4:32

1. Corporation Name

THE BOCA GRANDE AREA CHAMBER OF COMMERCE SCHOLAR
SHIP FUND, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

5800 GASPARILLA RD.
A1
BOCA GRANDE FL 33921

P.O. BOX 704
BOCA GRANDE FL 33921

REINSTATEMENT 2003

900023758649
10/13/03--01085--010 **236.25

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

4. Date Incorporated or Qualified
To Do Business in Florida

06/29/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0544270

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
SB PD	STEWART, CAROL	421 PARK AVENUE	BOCA GRANDE FL 33921
B TD	MCHUGH, DAVID	475 PARK AVENUE	BOCA GRANDE FL 33921
B VD	PERKINS, BETH	PO BOX 256	BOCA GRANDE FL 33921
PD D	SEIDENSTICKER, PATRICIA	PO BOX 812	BOCA GRANDE FL 33921
B SD	KNIGHT JR, JOHNS	PO BOX 174	BOCA GRANDE FL 33921
TD D	DYCHE, DAVID B JR. MORRISON, JUDY D.	120 GARRICK BEND LANE PO BOX 523	BOCA GRANDE FL 33921

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

JUDY D. MORRISON

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

423 PALM AVE, PO BOX 523

Suite, Apt. #, Etc.

City

BOCA GRANDE

State

FL

Zip Code

33921

INGRAM, MICHAEL M
701 E. WASHINGTON STREET
TAMPA FL 33602

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. or 617.0505, F.S.

Signature of
Registered Agent

JUDY D. MORRISON

REGISTERED AGENT MUST SIGN

Date 10/10/03

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., 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:

JUDY D. MORRISON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/03

Date

941-964-2611

Daytime Phone #

DIVISION OF CORPORATIONS

Uniform Business Report

Item 7 (continued)

Document Number
N93000002919

Name & Title: Oberg, Patricia, D
Address 1: PO Box 1282
City, State, Zip: Boca Grande, FL 33921

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