

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

07 APR -9 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N94000000675**

1. Corporation Name

Chuck Ross Memorial Scholarship Fund, Inc.

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

1361 Royal Palm Square Blvd

3. Mailing Office Address

1361 Royal Palm Square Blvd.

Suite, Apt. #, etc.

Suite 1

Suite, Apt. #, etc.

Suite 1

City & State

Fort Myers, FL

City & State

Fort Myers, FL

Zip

33919

Country

USA

Zip

33909

Country

USA

REINSTATEMENT 1999-2007

4. Date Incorporated or Qualified  
To Do Business in Florida

2-9-94

5. FEI Number

65-0434754

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

Dana Vidussi

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

1361 Royal Palm Square Blvd.

Suite, Apt. #, Etc.

Suite 1

City

Fort Myers

State

FL

Zip Code

33919

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

**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
D	Dana Vidussi	1361 Royal Palm Sq. Blvd. Ste 1	Ft. Myers, FL 33919
D	Hugh Thimlar	311 Delmar St.	Ft. Myers Beach, FL 33931
D	Mark Sherry	25 Carrotwood Ct.	Ft. Myers, FL 33919

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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:

*Dana Vidussi*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/07 (239) 278-0762

Date

Daytime Phone #