


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N95000005339

1. Corporation Name

SOLDIERS TO SCHOLARS, INC.

Principal Place of Business

444 E. MURIEL ST.
ORLANDO FL 32806

Mailing Address

444 E. MURIEL ST.
ORLANDO FL 32806

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/09/1995

5. FEI Number

59-3342914

Applied For

Not Applicable

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	SHARP, CY	444 E MURIEL ST	ORLANDO FL 32806
D	SHARP, PATTI PHILIPS	444 E MURIEL ST	ORLANDO FL 32806
D	DOUGLAS, JUDY B	6820 SEMINOLE DR	ORLANDO FL 32812
PST	SHARP, CY	444 E. MURIEL ST.	ORLANDO FL 32806
VP	PHILLIPS, PATTI	444 E. MURIEL ST.	ORLANDO FL 32806

REINSTATEMENT OL TO

8. Name and Address of Current Registered Agent

SHARP, PATTI P
444 E. MURIEL ST.
ORLANDO FL 32806

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

400004669774
-11/06/01--01085-011
****24560 Zip ***245-00
FL

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.

Signature of
Registered Agent

Patti Sharp

Date 10/15/01

REGISTERED AGENT MUST SIGN

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)(l), 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:

Patti Philips Sharp
Director 10/15/01 407/
425-4719

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CREW40 (801)