

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 MAY 12 A 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000000779

1. Corporation Name

Martin Luther King Jr. Scholarship
Committee, Inc

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

111 SE 9th St

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 881

Suite, Apt. #, etc.

City & State

Ft. Meade, FL

City & State

Ft. Meade, FL

Zip

33841

Country

U.S.

Zip

33841

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

2/8/1999

5. FEI Number

59-3559079

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

Maurice Nelson

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

103 SE 7th St

Suite, Apt. #, Etc.

City

Ft. Meade

State

FL

Zip Code

33841

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 5/10/2010

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	Dora Johnson	111 SE 9 th St	Ft. Meade, FL 33841
VPD	Annie Gadson	122 SE 8 th St	Ft. Meade, FL 33841
SD	Annie Wilcher	509 S Lanier Ave	Ft. Meade, FL 33841
TD	Doris Jones	1940 MLK Jr Blvd E	Bartow, FL 33830
D	Betty Camp	118 SE 8 th St	Ft. Meade, FL 33841
D	Rev. Clarence Wilcher	509 S. Lanier Ave	Ft. Meade, FL 33841

10. E-mail Address: maurice@att.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., 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.

SIGNATURE:

Dora Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/2010

Date

Daytime Phone # 863-606-4108

D - Rev. George Williams - 822 S. French Ave - Ft. Meade, FL 3

D - Edward Isaac - 320 S. Pine Ave, Ft. Meade, FL 33841