

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 01 SEP -5 AM 10:24 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>N99000004973</u>					
1. Corporation Name <u>ROTARY CLUB OF SPRING HILL</u> <u>SCHOLARSHIP FUND, INC</u>					
2. Principal Office Address <u>10052 HAYES STREET</u> <u>SPRING HILL, FL 34608</u>		3. Mailing Office Address <u>10052 HAYES STREET</u> <u>SPRING HILL, FL 34608</u>		4. Date Incorporated or Qualified To Do Business in Florida <u>8/16/1999</u>	
Suite, Apt. #, etc. /		Suite, Apt. #, etc. /			
City & State <u>SPRING HILL, FL</u>		City & State <u>SPRING HILL, FL</u>			
Zip <u>34608</u>	Country <u>HERNANDO</u>	Zip <u>34608</u>	Country <u>HERNANDO</u>	5. FEI Number ☒ 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 <u>BRENDA WENDT</u>					
Street Address (P.O. Box Number is Not Acceptable) <u>10052 HAYES STREET</u>					
Suite, Apt. #, Etc. /					
City <u>SPRING HILL</u>					
State <u>FL</u>		Zip Code <u>34608</u>			
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 <u>[Signature]</u>		Date <u>9/4/01</u>			
REGISTERED AGENT MUST SIGN					
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	SCHWELING, DOUGLAS	2 GRANDI FLORAS CT	HOMOSSASA FL 34446		
D	HARDING, TERRY	6220 ISLAND DR	SPRING HILL, FL 34604		
D	OKULA, CAROL	4309 BLUEWATER AV	SPRING HILL, FL 34606		
D	WENDT, BRENDA	10052 HAYES STREET	SPRING HILL, FL 34608		
D	PARENT, LEON (SR.)	6391 EVARD AVE	SPRING HILL, FL 34608		
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 under section 119.07(3)(b), 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: <u>[Signature]</u>		Date <u>9/4/01</u> Daytime Phone # <u>352-799-6872</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2001 (8/00)