

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 25 PM 4:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N99000006883**

1. Corporation Name

**SCHOLL FAMILY FOUNDATION, INC.**

Principal Place of Business

C/O ELEANOR B. SCHOLL  
10 HOLLY DRIVE  
BOYNTON BEACH FL 33436

Mailing Address

C/O ELEANOR B. SCHOLL  
10 HOLLY DRIVE  
BOYNTON BEACH FL 33436

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

11/22/1999

5. FEI Number

65-0975467

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	SCHOLL, ELEANOR B	10 HOLLY DRIVE	BOYNTON BEACH FL 33436
D	SCHOLL, DWIGHT A	9845-2 PINEAPPLE TREE DRIVE #205	BOYNTON BEACH FL 33436
D	SCHOLL, WALTER B	321 JELIFF MILL ROAD	NEW CANAAN CT 06840
D	CALDWELL, DEBORAH J	27 ELMWOOD AVENUE	CHATHAM NJ 07928

8. Name and Address of Current Registered Agent

DAVID PRATT, P.A.  
2101 CORPORATE BLVD STE 220  
BOCA RATON FL 33431

9. Name and Address of New Registered Agent

Name

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

100008592891

Suite, Apt. #, Etc.

10/25/02--01054--017 \*\*61.25

City

State

FL

Zip Code

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

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/23/02 736-2292

(561)

CR2E040 (8/02)

282

*Eleanor Scholl*  
10 Holly Drive  
Boynton Beach, Fl. 33436

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October 23, 2002

*To whom it may concern,*

*We received this notice of revocation, and were taken quite by surprise. We have not received any prior notice of a problem with the Scholl Family Foundation.*

*I (Dwight Scholl) spoke with your office, and was instruted to complete this form of reinstatement, and to provide a check for \$ 61.25*

*We are sorry for the confusion, but wish we had some previous notice of a problem*

*Sincerely,*

*Eleanor B. Scholl*

*Eleanor B. Scholl*