

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P92000000512

FILED
May 25, 2005
Secretary of State

Entity Name: STUDENT ATHLETE SCHOLARSHIPS FOUNDATION, INC.

Current Principal Place of Business:

5030 CHAMPION BLVD, G6
PMB 133
BOCA RATON, FL 334962496

New Principal Place of Business:

14804 ENCLAVE LAKES DR
APT. #C-1
DELRAY BEACH, FL 33484

Current Mailing Address:

5030 CHAMPION BLVD, G6
PMB 133
BOCA RATON, FL 334962496

New Mailing Address:

14804 ENCLAVE LAKES DR
APT. #C-1
DELRAY BEACH, FL 33484

FEI Number: 65-0416961

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLINS, J. ROBERT
5030 CHAMPION BLVD., SUITE 6-133
PMB 133
BOCA RATON, FL 334962496 US

Name and Address of New Registered Agent:

COLLINS, J. ROBERT
14804 ENCLAVE LAKES DR
APT. #C-1
DELRAY BEACH, FL 33484 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOSEPH ROBERT COLLINS

05/25/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: COLLINS, J. ROBERT
Address: 5030 CHAMPION BLVD., SUITE 6-133
City-St-Zip: BOCA RATON, FL 33496

Title: CD () Delete
Name: COLLINS, J. ROBERT
Address: 5030 CHAMPION BLVD., SUITE 6-133
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: COLLINS, J. ROBERT
Address: 14804 ENCLAVE LAKES DR., APT. #C-1
City-St-Zip: DELRAY BEACH, FL 33484

Title: CD (X) Change () Addition
Name: COLLINS, J. ROBERT
Address: 14804 ENCLAVE LAKES DR, APT. #C-1
City-St-Zip: DELRAY BEACH, FL 33484

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH ROBERT COLLINS

PST

05/25/2005

Electronic Signature of Signing Officer or Director

Date