

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 NOV 20 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000100775

1. Corporation Name

BIG JIM MIDGETT SCHOLARSHIP CORPORATION

Principal Place of Business

Mailing Address

5450 WILLIAMSBURG DR.
PUNTA GORDA FL 33982

5450 WILLIAMSBURG DR.
PUNTA GORDA FL 33982



REINSTATEMENT 03

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

2. New Principal Office Address, If Applicable

Cell Charlotte St.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Cell Charlotte St.
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

11/15/1999

5. FEI Number

65-0977349

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

City & State
Punta Gorda, FL
Zip
33950
Country
U.S.

City & State
Punta Gorda, FL
Zip
33950
Country
U.S.

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	FRY, JIM	5450 WILLIAMSBURG DR. Cell Charlotte St.	PUNTA GORDA FL 33982 33950
D	MIDGETT, BILL	7515 RIVERSIDE DR.	PUNTA GORDA FL 33982
			11/20/03--01006--001 **236.25
			600024865316
			11/20/03--01006--001 **236.25

8. Name and Address of Current Registered Agent

SHIRLEY, KEVIN C
126 E. OLYMPIA AVE., SUITE 304
PUNTA GORDA FL 33950

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

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

Will Midgett

Date

11/4/03

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)(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:

Will Midgett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/4/03

Daytime Phone #

CR2E040 (7/03)