PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2006 JUN 29 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name
Jim Scott, INC.
Doc.# 585383

2. Principal Office Address	3. Mailing Office Address
1205 S. RIVERSIDE DR.	1205 S. RIVERSIDE DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
EDGEWATER, FL.	EDGEWATER, FL.
Zip 32132 Country USA	Zip 32132 Country USA

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida 09/06/1978

5. FEI Number 592264109 ☐ 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: Jim C. Scott
Street Address (P.O. Box Number is Not Acceptable): 1205 S. RIVERSIDE DR.
Suite, Apt. #, Etc.:
City: EDGEWATER, FL. State: FL Zip Code: 32132

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 Jim C. Scott Date 6/28/06
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
P/S/D	Jim C. Scott	1205 S. RIVERSIDE DR.	EDGEWATER, FL. 32132

REINSTATEMENT GS 6/30/06

800070958709
07/05/06--01061--017 **2400.00

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 contained in Chapter 119, 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: Jim C. Scott Jim C. Scott, Pres. 6/28/06 386-423-8866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #