

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 24 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000008660**

1. Corporation Name

SCIENTIFIC ADVERTISING, INC.

Principal Place of Business

10520 SW 139 AVE
MIAMI FL 33186

Mailing Address

10520 SW 139 AVE
MIAMI FL 33186

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



REINSTATEMENT 03

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

01/24/2002

5. FEI Number

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
PD	ALMODOVAR, JEFFREY S	10520 SW 139 AVE	MIAMI FL 33186
VD	ALMODOVAR, PATRICIA	10520 SW 139 AVE	MIAMI FL 33186

100024490061
11/06/03--01060--004 **150.00

8. Name and Address of Current Registered Agent

ALMODOVAR, JEFFREY S
10520 SW 139 AVE
MIAMI FL 33186

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

Date 10/31/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/03

Date

(305) 903-1159

Daytime Phone #

CR2ED40 (7/03)

SAUNDERS & ASSOCIATES
Accounting & Tax Services

11120 N. Kendall Dr., Suite 201
Miami, FL 33176
Phone (305) 270-2040
Fax (305) 595-8695

October 31, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Scientific Advertising, Inc.
Doc Number: P02000008660

Dear Sir or Madam,

We are the accountants for the above taxpayer and are writing to you on their behalf. We are at a loss as to why the taxpayer never received their first notice to file the UBR. The only report they did receive is this final notice of reinstatement. Please abate all penalties since the taxpayer has only been in business since January 2002 and were unaware of such filing. We have enclosed check number 2336, for the amount of \$150 for 2003

Sincerely,



Robert P. Rachlin
SAUNDERS & ASSOCIATES