

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

APPROVED AND FILED

00 JAN -3 AM 8:27

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P98000076620

1. Corporation Name

R. SCOTT LASSWELL INSURANCE INC.

49-2000 AKC

Principal Place of Business

4259 NORTHLAKE BLVD. PALM BEACH GARDENS FL 33410

Mailing Address

4259 NORTHLAKE BLVD. PALM BEACH GARDENS FL 33410



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

09/02/1998

5. FEI Number

65-0860883

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entry for R. Scott Lasswell and a large handwritten signature.

8. Name and Address of Current Registered Agent

CORPORATE CREATIONS ENTERPRISES, INC. 4521 PGA BOULEVARD #211 PALM BEACH GARDENS FL 33418

9. Name and Address of New Registered Agent

Name: Corporate Creations Enterprises, Inc. Street Address: 941 Fourth Street, Suite 200, Miami Beach, FL 33139

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.

Signature of Registered Agent

Handwritten signature of Tiffany D. Owen and 'REGISTERED' stamp

Date

12-29-99

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:

Handwritten signature of R. Scott Lasswell and 'SIGNATURE REQUIRED' stamp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-23-99 561622-2552

Date

Daytime Phone #