			67 .		
	•	10	APPROVEL APPROVEL		
APPLICATION	FLORIDA DEPAR	RTMENT OF STATE	AND		
FOR	Secreta	ry of State	- FILELI		
REINSTATEMENT		CORPORATIONS	05 APR 18 PM 4:55		
DOCUMENT # P98000076620 1. Corporation Name			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
R. Scott Lasswell Insurance Inc.			IALLAHASSEE, FLORIDA		
Principal Place of Business	Mailing Address		MRD		
			3. Date Incorporated or Qualified 3a. Date of Last Report 9/2/1998 2002		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For		
21 4259 Northlake Blvd	26		65-0860883 Not Applicable		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required		
City & State 23 Palm Beach Gardens FL	City & State		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees		
Zip County Coun	- 	County	8. This corporation has liability for intangible tax under		
24 33410 25	29	30	s. 199.032, Florida Statutes Yes No		
9. Name and Address of Current Re	gistered Agent	· · · · · · · · · · · · · · · · · · ·	0. Name and Address of New Registered Agent		
		81 Name Corporate Cre	eations Enterprises Inc.		
,		82 Street Address (4521 PGA Bo	P.O. Box Number is Not Acceptable)		
		83 83	mevaid #211		
		84 City	85 Zip Code		
11 Pursuant to the provisions of Sections 407 1508	Florida Statutes, the sho	Palm Beach G	Gardens FL 33418 Its this statement for the purpose of changing its registered office or		
registered agent, or both, in the State of Florida 8 am familiar with, and accept the obligations of Section	uch change was authorizen 607.0505, Florida Stat	ed by the corporation's board utes.	of directors. I hereby accept the appointment as registered agent.		
SIGNATURE Signature, typed of printed same (Negistered ago	Taide Baez, Vice	President (NOTE: Registered Agent signa	ature required when reinstating) DATE		
12. OFFICERS AND DIREC			NS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE D/P/S/TI NAME R. Scott Lasswell	DELETE	1.1 TITLE 1.2 NAME	Change Addition		
STREET ADDRESS 4259 Northlake Blvd		1.3 STREET ADDRESS			
TITLE	DELETE	1.4 CITY-ST-ZIP	Change Addition		
NAME CONTROL ASSESSED		2.2 NAME	REINSTATEMENT 03-05		
STREET ADDRESS CITY-ST-ZIP		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
TITLE NAME	DELETE	3.1 TITLE 3.2 NAME	Change Addition		
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	DELETE	3.4 CITY-ST-ZIP 4.1 TITLE	Change Addition		
NAME		4.2 NAME			
STREET ADDRESS CITY-ST-ZIP		4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	300054124703 05/10/0501008018 **450.00		
TITLE	DELETE	5.1 TITLE	Change Addition		
NAME STREET ADDRESS		5.2 NAME 5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE NAME	. DELETE	6.1 TITLE 6.2 NAME	Change Addition		
STREET ADDRESS		6.2 NAME 6.3 STREET ADDRESS			
CITY-ST-ZIP	ich chia film - 3	6.4 CITY-ST-ZIP	Lie Seeden 110 07/2VC) Florida Control Control		
14.1 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this granual report is true and accurate and that my 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 in Block 12 or Block 13 for or attachment with an address.					
SIGNATURE SIGNATURE					

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Florida Department of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Re: R. Scott Lasswell Insurance Inc.

Enclosed are the following:

- 1. Uniform Business Report for the company referenced above.
- 2. \$450.00 check payable to Florida Department of State

We never received the Uniform Business Report for the following year(s) that should have been mailed to us:

2003 2004 and 2005	

Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By: by T. Baez as attorney-in-fact

Name: R. Scott Lasswell

Date: 4/15/05