

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. \$1245.00

**APPLICATION FOR REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS



**FILED**  
 97 OCT 14 AM 9:39  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **807576**  
 Corporation Name  
**Great Scott Services of Palm Beach City**

Principal Place of Business Mailing Address  
**1520 LATHAN ROAD Suite # 8 West Palm Beach FL 33409**

**REINSTATEMENT** **AD**  
~~11/7-2006~~ **94-97**

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/2/92	
City & State		City & State		5. FEI Number	
Zip		Zip		65024885	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<b>OWNER</b>	<b>JEFFERY SCOTT</b>	<b>253 GRANADA RD</b>	<b>West Palm Beach FL 33401</b>

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name <b>JEFFERY SCOTT</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>253 GRANADA RD</b>	
		Suite, Apt. #, Etc.	
		City <b>West Palm Beach</b> State <b>FL</b> Zip Code <b>33401</b>	

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 **[Signature]** Date **Aug 25, 97**  
 REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. 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]** **JEFFERY SCOTT** Date **Aug 25, 97** Daytime Phone # **561-686-8000**

CR2E040 (12/96)