

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

00 MAY -8 PM 1:53

DOCUMENT # S67576

1. Corporation Name GREAT SCOTT SERVICES OF PALM BEACH COUNTY, INC.

Principal Place of Business 1520 LATHAM ROAD SUITE 8 WEST PALM BEACH FL 33409 Mailing Address 1520 LATHAM ROAD SUITE 8 WEST PALM BEACH FL 33409



REINSTATEMENT 99-00

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

2. New Principal Office Address, If Applicable 1550 LATHAM RD SUITE 5 W PALM BEACH FL 33409 3. New Mailing Office Address, If Applicable SAME Suite, Apt. #, etc. City & State PALM BEACH FL Country PALM BEACH

4. Date Incorporated or Qualified To Do Business in Florida 07/19/1991 5. FEI Number 65-0278881 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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Entry for SCOTT, JEFFREY at 295 GRANADA ROAD, W. PALM BEACH FL 33401. Includes handwritten signature and date 4/3/00.

8. Name and Address of Current Registered Agent SCOTT, JEFFREY 295 GRANADA RD WEST PALM BEACH FL 33401

9. Name and Address of New Registered Agent

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] REGISTERED AGENT MUST SIGN Date 4/3/00

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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4/3/00 Daytime Phone # 1-800-610 6243

CR2E040 (8/99)