

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
 Secretary of State  
 DIVISION OF CORPORATIONS

APPROVED AND FILED

03 OCT 13 PM 2:05

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **S67576**

1. Corporation Name

**GREAT SCOTT SERVICES OF PALM BEACH COUNTY, INC.**

Principal Place of Business

Mailing Address

1550 LATHAM ROAD  
 SUITE 5

1550 LATHAM ROAD  
 SUITE 5

WEST PALM BEACH FL 33409

WEST PALM BEACH FL 33409



**REINSTATEMENT 2003**

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

07/19/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0278881

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
0	SCOTT, JEFFREY	295 GRANADA ROAD	W. PALM BEACH FL 33401

00023757150  
 10/13/03--01081--001 \*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCOTT, JEFFREY  
 295 GRANADA RD  
 WEST PALM BEACH FL 33401

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

*Jeffrey Scott*  
 REGISTERED AGENT MUST SIGN

Date

10/8/03

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:

*Jeffrey Scott*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/8/03 561-686-8000

CR2E040 (7/03)