

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

**DOCUMENT # 263905**

1. Corporation Name **CONSTRUCTION BY SCOTT, INC.**

FILED

99 FEB -8 PM 12:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**2841 N.E. 163 ST #202  
NORTH MIAMI BEACH, FL 33160**

900002771329--7  
-02/10/99--01042--013  
\*\*\*\*465.00 \*\*\*\*465.00

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

2. New Principal Office Address, If Applicable <b>TRUDY SIGNORE</b> Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida <b>1962</b>	
City & State		City & State		5. FEI Number <b>23-0263905</b> Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
<b>Pres</b>	<b>TRUDY SIGNORE</b>	<b>2841 N.E. 163 ST.</b>	<b>N.M.B., FL 33160</b>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name <b>TRUDY SIGNORE</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>2841 N.E. 163 ST #202</b>	
Suite, Apt. #, Etc. <b>202</b>	
City <b>N.M.B.</b>	State Zip Code <b>FL 33160</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 *Trudy Signore*  
REGISTERED AGENT MUST SIGN

Date **1/31/99**

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Trudy Signore*  
**Trudy Signore**

Date

Daytime Phone #

(205) **AD**  
**1/31/99 6058981**

CR2E08 (12/98)