

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 595822

1. Corporation Name  
J. SCOTT TAYLOR, P.A.

FILED

02 NOV 12 PM 12:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 2909 W BAY TO BAY BLVD <del>SUITE 402</del> Suite 405 TAMPA FL 33629-8177 US	Mailing Address 2909 W BAY TO BAY BLVD <del>SUITE 402</del> Suite 405 TAMPA FL 33629-8177 US
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 2909 W. Bay to Bay Blvd Suite, Apt. #, etc. # 405 City & State Tampa, FL Zip 33629 Country Hillsborough	3. New Mailing Office Address, If Applicable 2909 W. Bay to Bay Blvd. Suite, Apt. #, etc. # 405 City & State Tampa, FL Zip 33629 Country Hillsborough	4. Date Incorporated or Qualified To Do Business in Florida 11/30/1978
5. FEI Number 59-1878634		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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PVT	TAYLOR, J. SCOTT	2909 W BAY TO BAY BLVD, STE-408 405	TAMPA FL 33629
SD	TAYLOR, J. SCOTT	2909 W BAY TO BAY BLVD, STE-408 405	TAMPA FL 33629
900008935129 11/12/02--01074--002 **150.00  02 UBR 110			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TAYLOR, J. SCOTT  
2909 W BAY TO BAY BLVD  
STE 408 Suite 405  
TAMPA FL 33629

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City  
State FL Zip Code

CR2E040 (8/02)

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

*[Signature]*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 11-6-02

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

11-6-02

813-837-3934

Date Daytime Phone #

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**J. Scott Taylor**  
*Attorney and Counselor at Law*

2909 W. Bay to Bay Boulevard  
Suite 405  
Tampa, Florida 33629-8177

(813) 837-3934

(813) 837-3587 Fax

November 6, 2002

email zst@tampabay.rr.com

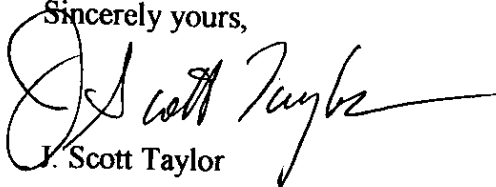
Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear Sir:

Enclosed is my completed, original Application for Reinstatement. I am apply for reinstatement in that I did not receive the previous two mailings. As you will note my address has changed from Suite 403 to Suite 405, and I assume that may be the reason the original notice was not received. Also enclosed is my check in the amount of \$150.00 to cover the fees for the corporation.

Please let me know if you need anything further.

Sincerely yours,



J. Scott Taylor

JST/bjat

Enclosures