

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
SUITE 405
TAMPA FL 33629-8177
US

Mailing Address

2909 W BAY TO BAY BLVD
SUITE 405
TAMPA FL 33629-8177
US

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

3. New Mailing Office Address, If Applicable

2909 W. Bay to Bay Blvd.
Suite, Apt. #, etc.
405

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 ☐

\$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 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| PVT | TAYLOR, J. SCOTT | 2909 W BAY TO BAY BLVD, STE 405 | TAMPA FL 33629 |
| SD | TAYLOR, J. SCOTT | 2909 W BAY TO BAY BLVD, STE 405 | TAMPA FL 33629 |
| | | | |
| | | | |
| | | | |
| | | | |

900008935129
11/12/02--01074--002 **150.00

02 UBR 1100

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-6-02

813-837-3934

Date

Daytime Phone #

CR2E040 (8/02)

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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

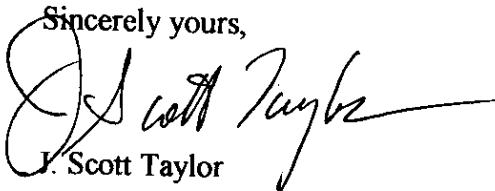
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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