PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JUN -5 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 737537

1. Corporation Name

SCOTTY CONDO, INC.

REINSTATEMENT 01-03

2. Principal Office Address	**3.** Mailing Office Address
7503 NW 44th CT	3880 LYONS ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	#107
City & State	City & State
CORAL SPRINGS, FL	COCONUT CREEK, FL
Zip / Country	Zip / Country
33065 / USA	33073 /

4. Date Incorporated or Qualified To Do Business in Florida 12/13/1976

5. FEI Number 59-2418264 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: DE SOUZA, NATANAEL

000020539810
06/05/03--01024--010 **358.75

Street Address (P.O. Box Number is Not Acceptable): 3880 LYONS ROAD

Suite, Apt. #, Etc.: #107

City: COCONUT CREEK | State: FL | Zip Code: 33073

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date 6/02/03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	DESOUZA, NATANAEL	3880 LYONS ROAD #102	COCONUT CREEK, FL 33073
SD	RICHARDS, VALERIE	7503 NW 44th #02	CORAL SPRINGS, FL - 33065
TD	RAMIREZ, ELVIRA	6240 SW 8th CT	NORTH LAUDERDALE, FL 33068

10. 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: _____ NATANAEL P. DESOUZA 6/02/03 (954)5881396
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #