

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

APPROVAL
AND
FILED

05 APR 20 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F34063**

1. Corporation Name

SCOTT BRAY DESIGN ASSOCIATES, INC.

2. Principal Office Address
2016B ALDEN ROAD

Suite, Apt. #, etc.

City & State
ORLANDO, FL

Zip
32803

Country
ORANGE

3. Mailing Office Address
2016B ALDEN ROAD

Suite, Apt. #, etc.

City & State
ORLANDO, FL

Zip
32803

Country
ORANGE

**4. Date Incorporated or Qualified
To Do Business in Florida** 05/08/1981

5. FEI Number
59-2181112

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
H. SCOTT BRAY

Street Address (P.O. Box Number is Not Acceptable)
2016B ALDEN ROAD

Suite, Apt. #, Etc.

City
ORLANDO,

State
FL

Zip Code
32803

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05/17/05--01027--008 **1050.00

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

REGISTERED AGENT MUST SIGN

Date

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	H. SCOTT BRAY	2016B ALDEN ROAD	ORLANDO, FL 32803

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: *H. Scott Bray*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-05 407-896-9888
Date Daytime Phone #

CR2E001 (01/05)