

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F99000002668

1. Entity Name
DREW SCOTT, INC.



FILED

2006 OCT -9 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
~~100 SHORE COURT 305 GREENBRIER-A~~ ~~100 SHORE COURT 305 GREENBRIER-A~~
~~#212~~ ~~#212~~
~~NORTH PALM BEACH, FL 33408 33417~~ ~~NORTH PALM BEACH, FL 33408 33417~~
~~WEST~~ ~~WEST~~



2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

10052006 REIN-P CR2E098 (11/05)

City & State City & State
Zip Country Zip Country

4. FEI Number 22-1942048 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEVY, THEODORE 305 GREENBRIER-A
~~100 SHORE COURT, SUITE 212~~
~~NORTH PALM BEACH, FL 33408 33417~~
~~WEST~~

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Theodore Levy DATE 10/6/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

#3619, Canceled
FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

WE DID NOT RECEIVE PRIOR
NOTICE OF THIS MATTER
Theodore Levy, 10/6/06

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
CPS	LEVY, THEODORE	305 GREENBRIER-A		
	100 SHORE COURT, SUITE 212			
	NORTH PALM BEACH, FL 33408 33417			
	WEST			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		500080639225	10/09/06--01045--009	**150.00	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Theodore Levy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/6/06 561-640-9491
Date Daytime Phone #

10/10/06