

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J63175

1. Corporation Name

SCOTAD INC.

Principal Place of Business

% MARY K. BERLIN
950 U.S. #1
VERO BEACH FL 32960

Mailing Address

P.O. BOX 84-4250
VERO BEACH FL 32964
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/23/1987

5. FEI Number

50-2789261

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
P	BERLIN, B. ADAM	514 BAY DR	VERO BEACH FL
V	BERLIN, SCOTT R	514 BAY DRIVE	VERO BEACH FL
ST	BERLIN, MARY K	514 BAY DRIVE	VERO BEACH FL

200003067162--0
-12/13/99--01004--015
***750.00 ***750.00

8. Name and Address of Current Registered Agent

BERLIN, B. ADAM
760-3 8TH CT.
VERO BEACH FL 32962

9. Name and Address of New Registered Agent

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

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0606, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/24/99

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

Date

11/24/99

Daytime Phone #

FILED

99 NOV 30 PM 4:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

99

11/25

CREATED (9/99)