

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 NOV 30 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L46348**

1. Corporation Name

Scope Investments, Inc.

Principal Place of Business

Mailing Address

142,8060 Silver Springs Blvd. NW
Calgary, Alberta T3A 2B8
Canada

REINSTATEMENT

93-98

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

January 30, 1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0175326

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/S/D	Giovanazzi, Carlos	142,8060 Silver Springs Boulevard, NW	Calgary, Alberta T3A2B8 Canada
			700002706317--4 -12/08/98-01057-037 ***1500.00 ***1500.00
			700002706317--4 -12/08/98-01057-038 *****8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Carlos Giovanazzi
16794 Royal Poinciana Drive
Ft. Lauderdale, FL 33326

Name Drew S. Sheridan, Esq.
Street Address (P.O. Box Number is Not Acceptable)
7765 SW 87th Avenue
Suite, Apt. #, Etc.
Suite 102
City Miami
State FL Zip Code 33173

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date November 25, 1998

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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)(j), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CARLOS GIOVANAZZI

NOV 17/98

(403) 882-786

CR20040 (1/95)