## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT  DOCUMENT # L72353  1. Corporation Name				(404 年 4 年 - 東新和 1 - 444 ) 2 1				FILED  .04 NOV -1 AM IO: 50								
															SCOTT MUNIZ INC.	
2. Principal Office Address				3. Mailing Office Address				1 0	) Ciai	CTA	TER	LEZA		^	^ ·	
/ /52 BRIGHTON CIR.				P.O. BOX 80952				l	EN	W I M				U.	04	
Suite, Apt. #, etc.					Suite, Apt. #, etc.					4. Date Incorporated or Qualified To Do Business in Florida						
City & State				City & State CHARLESTON, SC				<b>5.</b> FEI Number Applied F 59 – 3016849 Applied F							l For	
Zip	29414 Country U.S.			Zip Country U.S.			J.S.	<b>6.</b> c	ERTIFICATE			S8.7	75 Addition or a Certific	nai Fee	required	
8. I, being a Signature of Registered A	Street Addres 634 Suite, Apt. # City WIN	ess (P.O. 4 ALT 7, Etc. NTER	ed Keel	Not Acceptable)	ration, am fa	amiliar with an	nd accept the o			State FL on 607.050		2708 0503, F.S.				
9. Names	and Street Add	iresses	of Each Officer an	nd/or Director (Flori	rida nonprof	lit corporation:	s must list at le	ast 3 d	irectors)			<del></del>				
Titles		Officer	Name of sand/or Directors	\$	Street Address of Each Officer and/or Director				City / State / Zip							
PRES.	SCOTT M	iuniz			52	BRIGHTO	N CIRCLE	E	· -	СНА	RLESTO	ON, SC	C 2941	4	. • .	
									2C 11/01,	<b>∪</b> ∪≈ 040	1231 1074-	5 <b>4.</b> -003	ルロ2 **135	8.75		
this rein	nstatement app	dication,	the reason for dis	eiver or trustee em solution has been a names of individu	eliminated,	the corporate	name satisfies	s the re	quirements	s of section	607.0401	or 617.04	401, F.S., t	hat all	fees	