

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # N48964

1. Corporation Name

THE SCRUB LAND TRUST, INC.

Principal Place of Business

502 E. NEW HAVEN AVE
SUITE 229
MELBOURNE FL 32901
US

Mailing Address

502 E. NEW HAVEN AVE.
SUITE 229
MELBOURNE FL 32901
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

05/18/1992

5. FEI Number

59-3133647

Applied For

Not Applicable

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
PD	BROWN, ROBERT	225 E. MYLES DR	MELBOURNE FL 32901
VDT	BALDWIN, WILLIAM	312 SANDPINE ROAD	INDIALANTIC FL 32903
SD	MARIE SLANEY	902 LAMPLIGHTER DR. 2981 NOVA SCOTIA LANE	MELBOURNE FL 32935
D	HOWARD, WOLF	301 HIAWATHA WAY	MELBOURNE BEACH FL 32951

8. Name and Address of Current Registered Agent

BOYD, JOEL E.
1800 WEST HIBISCUS BLVD.
SUITE 138
MELBOURNE FL 32901

9. Name and Address of New Registered Agent

Name Robert J. Brown
Street Address (P.O. Box Number is Not Acceptable) 1210 E. New Haven Av.
Suite, Apt. #, Etc. Melbourne FL 32901
City 407-723-1900 State FL Zip Code 32901

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

Robert J. Brown
REGISTERED AGENT MUST SIGN

Date

10-30-97

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)(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:

Marie Slaney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/30/97 407-726-4126

CP2E040 (8/97)