

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 SEP 23 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000001137

1. Corporation Name

Scott Palmer Company, Inc.

500007980045--9

-09/24/02--01030--024

***1050.00 ***1050.00

2. Principal Office Address

3883 Rogers Bridge Road

Suite, Apt. #, etc.

Suite 703

City & State

Duluth, Georgia

Zip

30097

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/28/99

5. FEI Number

65-0969144

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-02

7. Name and Address of Current Registered Agent

Name

H. P. Jolly, Jr.

Street Address (P.O. Box Number is Not Acceptable)

250 West Seaview Circle

Suite, Apt. #, Etc.

City

Duck Key

State

FL

Zip Code

33050

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

H. P. Jolly, Jr.

Date

Sept 15, 02

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Warren S. Jolly	3883 Rogers Bridge Road. #703	Duluth, Ga. 30097
Sec.	H. P. Jolly, Jr.	3883 Rogers Bridge Road #703	Duluth, Ga. 30097

10. 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:

H. P. Jolly, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Sept 15 '02

Daytime Phone #

CR2E081 (9/01)