

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000010919

1. Corporation Name

Scotten and Associates Realty Inc.

2. Principal Office Address

1736 NE 28 st

Suite, Apt. #, etc.

City & State

Wilton Manors FL

Zip

33334

Country

USA

3. Mailing Office Address

1736 NE 28 st
same

Suite, Apt. #, etc.

City & State

Wilton Manors
same

Zip

33334
same

Country

USA
same

REINSTATEMENT

03

4. Date Incorporated or Qualified
To Do Business in Florida

Feb 1 2000

5. FEI Number

65-0980680

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$0.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Walter B SCOTTEN

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

1736 NE 28 st

Suite, Apt. #, Etc.

City

Wilton Manors

State

FL

Zip Code

33334

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/23/03

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
<u>Pres</u>	<u>Walter Scotten</u>	<u>1736 NE 28 st</u>	<u>Wilton Manors FL</u> <u>33334</u>

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:

WALTER SCOTTEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/23/03 Daytime Phone #

CR25081 (10/02)

gi 10/20

Div of Corp

I did not receive the Uniform Bus
Report for 2003. Please reinstate
my corporation so I can continue
with my business.

Thanks

Walt Scotter
954-568-5849
