

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 9:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000038152**

1. Corporation Name

**SCOTT PALMER HOLDINGS, INC.**

Principal Place of Business

Mailing Address

3883 ROGERS BRIDGE RD  
SUITE 703  
DULUTH GA 30097

3883 ROGERS BRIDGE RD  
SUITE 703  
DULUTH GA 30097

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/17/2000

5. FEI Number

65-0991759

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
S	JOLLY, H.P. JR	3883 ROGERS BRIDGE RD	DULUTH GA 30097
P	JOLLY, WARREN S	3883 ROGERS BRIDGE RD	DULUTH GA 30097

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOLLY, H.P. JR  
250 W. SEAVIEW CIR.  
DUCK KEY FL 33050

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (7/03)

**SCOTT PALMER HOLDINGS, INC.**  
**3883 ROGERS BRIDGE ROAD**  
**SUITE 703**  
**DULUTH, GEORGIA 30097**  
**678-475-1800 Telephone**  
**678-475-1801**

October 10, 2003

Division of Corporations  
Annual Report/Reinstatement Section  
P. O. Box 6327  
Tallahassee, Florida 32314-6327

Re: Document # P00000038152

To Whom It May Concern:

Please accept this letter as notification that we did not receive the prior UBR notice. We are responding immediately upon receipt of the attached reinstatement notice. We sincerely apologize for any inconvenience this late registration may cause you.

Please find attached our check in the amount of \$150.00 to reinstate Scott Palmer Holdings, Inc.

If you have any questions or need additional information, please feel free to contact my secretary Toni at the above stated number x 111 and I will make myself available to you. Thank you in advance for your understanding in this matter.

Respectfully,

SCOTT PALMER HOLDINGS, INC.



H. P. Jr.  
President/Registered Agent