

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 18 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000053122

1. Corporation Name

SCOTT NIEMINEN, PA.

Principal Place of Business

18 FANWOOD COURT
PALM COAST FL 32137

Mailing Address

18 FANWOOD COURT
PALM COAST FL 32137

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

4. Date Incorporated or Qualified
To Do Business in Florida

05/16/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3645159

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 |
|---------------|---|--|-------------------------|
| D | NIEMINEN, SCOTT | 18 FANWOOD COURT | PALM COAST FL 32137 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

4000009052954
11/18/02--01084--014 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LOGUIDICE, JOSEPH A

~~244 BELLEVUE AVENUE~~ 555 W. GRANADA BLVD B5

~~DAYTONA BEACH FL 32114~~

ORMOND BEACH, FL 32174

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11 Nov 02

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/02

Date

386 947 3009

Daytime Phone #

CR2E040 (8/02)

**Scott Nieminen, PA
18 Fanwood Ct.
Palm Coast FL 32137**

November 12, 2002

Florida Department Of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

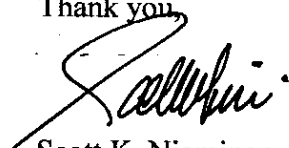
Re: Waiver Approval #P00000053122

To Whom It may Concern:

Enclose please find the check in the amount of \$150 for our annual filing fee for the above corporation.

Per our conversation, please waive the penalty due to the fact the prior uniform business reports had not been received for the above reference business. Construction and renovations were occurring at the time and many items in the mail have not been received.

Thank you

 *THANKS FOR YOUR CONSIDERATION*
Scott K. Nieminen
President