

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 10 PM 4:18

DOCUMENT # P00000054024

1. Corporation Name

SCOTTCO PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

P O BOX 3447
BOCA RATON FL 33427-3447P O BOX 3447
BOCA RATON FL 33427-3447

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

03

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/25/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1012229

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	AVENI, LOUISE R	P O BOX 3447	BOCA RATON FL 33427

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MULLIN, JAMES G
2263 NW 2 AVE #205
BOCA RATON FL 33431

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: Louise R. Aveni Louise R. Aveni
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR12/5/03 (561) 3427788
Date Daytime Phone #

ScottCo Productions, Inc.

P. O. Box 3447

Boca Raton, Florida 33427-3447

(561) 347-9788

email: laveni@bellsouth.net

3/3

TO: Andy Dunlap, Supervisor
Department of State Division of Corporation

FAX: 850-245-6017

FROM: Louise Aveni, President/CEO

DATE: December 4, 2003

Re: Reinstatement of ScottCo Productions, Inc.

Dear Mr. Dunlap,


Attached please find a copy of the Application for Reinstatement for ScottCo Productions, Inc. in response to the error made by the Department of State whereby money forwarded in the amount of \$150, representing the UBR filing fee for ScottCo Productions, Inc., was incorrectly credited to my other company, Angel House Publishing, Inc. that was to dissolve and not continue as an active business.

I will forward a hard copy of same to you immediately minus the filing fee that has been waived as a result of the Department's error.

I thank you for your prompt attention to this matter and your full cooperation in resolving this mistake.

Again, I may be reached at (561) 347-9788.

Very truly yours,


Louise R. Aveni
President/CEO

Cc: Lawrence K. Fagan, Esq.
James G. Mullin, CPA