

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAR -1 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P 000000 93 496**

1. Corporation Name

**Scooby's Inc.
2182 Main Street
Dunedin, FL 34698**

2. Principal Office Address

2182 MAIN ST.

Suite, Apt. #, etc.

3. Mailing Office Address

2182 MAIN ST.

Suite, Apt. #, etc.

City & State

DUNEDIN, FL

City & State

DUNEDIN, FL

Zip

34698

Country

U.S.A

Zip

34698

Country

U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida

OCT, 4, 2000

5. FEI Number

59-3673753

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARION DUBE

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

2462 MOORE HAVEN DR. E.

Suite, Apt. #, Etc.

City

CLEARWATER

State

FL

Zip Code

33763

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

Marion Dube

Date **2/25/05**

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
PSTD	MARION DUBE	2462 MOORE HAVEN DR. E.	CLEARWATER FL. 33763

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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:

Marion Dube

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/05

Date

727 7330698

Daytime Phone #

CR2ED01 (01/05)