

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

02 SEP 26 AM 8:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT #**

000000117681

**1. Corporation Name**

SCOTT TRAVEL & CONSULTANTS INTERNATIONAL CORPORATION

000008069430--0

-09/27/02--01021--005

\*\*\*\*750.00 \*\*\*\*750.00

**2. Principal Office Address**

1900 LAND OF LAKE BLVD.

**3. Mailing Office Address**

23622 CALABASAS RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 301

City & State

LUTZ, FLORIDA

City & State

CALABASAS, CALIFORNIA

Zip

33549

Country

U.S.A.

Zip

91302

Country

U.S.A.

**4. Date Incorporated or Qualified  
To Do Business in Florida**

11/27/2000

**5. FEI Number**

94-3383251

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT

01-02

**7. Name and Address of Current Registered Agent**

Name

DARLENE BRENOT

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

1900 LAND OF LAKE BLVD

Suite, Apt. #, Etc.

City

LUTZ

State

FL

Zip Code

33549

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\*\*\*\*165.00 \*\*\*\*165.00

**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

*Darlene Brenot*

Date

9-20-02

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
PRES	DARLENE BRENOT	1900 LAND OF LAKE BLVD.	LUTZ, FLORIDA 33549

**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:**

*Darlene Brenot*

DARLENE BRENOT, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-20-02

Date

Daytime Phone #

CR2E081 (9/01)