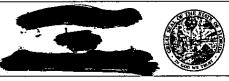
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

P01000012462 **DOCUMENT #**

1. Corporation Name

SCARLET CLAW, INC.

Principal	Place of	Rueinace

Mailing Address

7801 SALEM LANE PARKLAND FL 33067 7801 SALEM LANE PARKLAND FL 33067



FILED 02 NOV 13 PM 4: 28 SECRETARY OF STATE TALLAHASSEE, FLOOR *



				iling Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 02/02/2001						
Suite, Apt. Suite, Apt. City & State City & State			Suite, Apt. #,	#, etc.			5. FEI Number			Applied For		
			City & State			~	┤ ,				Not Applicable	
Zip		Country	Zip		Country		6.	OF STATUS DESIR			ional Fee required ificate of Status	
7. Names	and Street Ad	dresses of Each Officer an	d/or Director (Flo	rida nonprol	fit corporations mu	ıst list at lea	ast 3 directors)					
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip					
PSD	PAYSON, ANDREW M			7801 SALEM LANE		·	PARKLAND FL 33067					
VTD	CRANCE, WAYNE D JR			6441 NW 41ST TERR			COCONUT CREEK FL 33073					
							11/13,	0008 5 70201070	-001 -001	05 **15	0.00	
					Nome	9. Name and Address of New Registered Agent						
					Name	Name						
NORMAN SLEVIN; P.A. 1120 S FEDERAL HWY, SUITE 2					Street Address (P.O. Box Number is Not Acceptable)							
FT LAUDERDALE FL 33316			Suite, Apt. #, Etc.									
					City			State Zip Code			ode	
10. I, being	appointed the	e registered agent of the at	pove named corpo	oration, am f	amiliar with and a	ccept the ol	bligations of Secti	on 607.0505, F.S.	or 617.0505	5, F.S.		
Signature o Registered		SIGNA	TÙRE REGISTERED AG			ED		Date		· · · · · · · · · · · · · · · · · · ·		
		officer or director or the reco										

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Da

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

225 n.e. mizner blvd., ste. 250 boca raton, florida 33432 2092

561 394 5100 **561** 750 9781 fax

www.kaufmanrossin.com

November 1, 2002

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

Re: So

Scarlet Claw, Inc.

EIN:

65-1075339

Dear Sir or Madam:



We are the accountants for the above referenced taxpayer and are writing to you on their behalf. They have just received the enclosed Application for Reinstatement. Please be advised that prior to receipt of this application they did not receive any other correspondence or the original report. A review of their account will reflect that they are a new company and have not had to file this form in the past. Accordingly, they were unaware that it was required.

Enclosed is the completed Application for Reinstatement along with a check in the amount of \$150.00. Kindly waive the additional fees due to the fact that the original report was not received and that this was taxpayers first time filing.

Should you require any additional information, please do not hesitate to contact us

Very truly yours,

Scott F. Berger

Principal

Kaufman, Rossin & Co.

Enclosures

Cc: Andrew Payson f:\cl\76510000\secstate-2002.doc

MIAMI IN FT. LAUDERDALE IN BOCA RATON