

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 13 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000012462

1. Corporation Name

SCARLET CLAW, INC.

Principal Place of Business

7801 SALEM LANE
PARKLAND FL 33067

Mailing Address

7801 SALEM LANE
PARKLAND FL 33067

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/02/2001

5. FEI Number

65-1075339

Applied For

Not Applicable

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
PSD	PAYSON, ANDREW M	7801 SALEM LANE	PARKLAND FL 33067
VTD	CRANCE, WAYNE D JR	6441 NW 41ST TERR	COCONUT CREEK FL 33073

500008972105
11/13/02--01070--001 **150.00

8. Name and Address of Current Registered Agent

NORMAN S. LEVIN, P.A.
1120 S FEDERAL HWY, SUITE 2
FT LAUDERDALE FL 33316

9. Name and Address of New Registered Agent

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

Date

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Andrew M. Payson

Date

Daytime Phone #

954-
575-7915

CR2040 (8/02)

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

561 394 5100
561 750 9781 fax

www.kaufmanrossin.com

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November 1, 2002

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

Re: Scarlet Claw, Inc.
EIN: 65-1075339

Dear Sir or Madam:

**KAUFMAN
ROSSIN &
CO.** PROFESSIONAL
ASSOCIATION
CERTIFIED PUBLIC ACCOUNTANTS

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
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