

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 SEP 22 AM 10:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P01000063470**

**1. Corporation Name**

Barry Scott, Inc  
916 N.E. 26th Court  
Ocala Florida 34470-6310

**2. Principal Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

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

07/01/01

**5. FEI Number**

59-3727211

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☒**

\$8.75 Additional Fee required  
for a Certificate of Status

800023577318  
10/06/03--01016--013 \*\*308.75

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

Name

Sandra A Scott

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

916 N.E. 26th Court

Suite, Apt. #, Etc.

City

Ocala

REINSTATEMENT

State

FL

Zip Code

34470-6310

**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

*Sandra A Scott*

Date

9/15/03

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
D	Barry L Scott	916 N.E. 26th Court	Ocala, FL 34470-6310
D	Donald V Scott	2821 N.E. 3rd Street, Apt 4	Ocala, FL 34470
D	Sean B Scott	934 N.E. 28th Avenue	Ocala, FL 34470
D	Michael J Scott	3000 S.E. Lake Weir Avenue	Ocala, FL 34471
D	Sandra A Scott	916 N.E. 26th Court	Ocala, FL 34471

**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:**

*Sandra A Scott*

SANDRA A SCOTT, Tres

9/15/03

(352) 622-7800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

PAGE 2 of 2

September 15, 2003

Florida Department of State  
Division of Corporations  
P O Box 6327  
Tallahassee, Florida 32314-6327

Dear Florida Department of State,

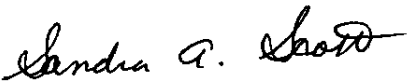
**SUBJECT: WAIVER OF FEES FOR CORPORATE ANNUAL REPORT**

Request that the penalties associated with filing the Uniform Business Report be waived due to the fact that there was illness, followed by death in the family. Due to this protracted illness, the shareholders of the corporation failed to file the annual report for the years 2002, 2003. The fact that there was a failure to file the Uniform Business Report was not found out until the accounting firm did the corporate return on September 15, 2003. Also, we never received the Uniform Business Reports for both years.

Please find enclosed a check in the amount of \$308.75 for both years and Corporate Reinstatement. Please waive the additional fees for not filing the report for the reasons stated above.

Thank you for your time and consideration.

Sincerely,



Sandra A Scott  
Treasurer  
Barry Scott, Inc