

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV -4 PM 3:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P010000 93011  
1. Corporation Name S. NEWMAN INC

**REINSTATEMENT** 03

2. Principal Office Address 7092 GOODWAY DR  
3. Mailing Office Address - SAME -

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BROOKSVILLE, FL

City & State

Zip

34609

Country

PASCO

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida 9/24/2001

5. FEI Number

59-3746143

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

SCOTT NEWMAN

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

7092 GOODWAY DR

Suite, Apt. #, Etc.

City

BROOKSVILLE, FL

State

FL

Zip Code

34609

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

Scott Newman

Date 10/28/03

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
<u>PSTV.</u>	<u>SCOTT NEWMAN</u>	<u>7092 GOODWAY DR.</u>	<u>BROOKSVILLE, FL 34609</u>

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:

Scott Newman

SCOTT NEWMAN 10/28/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

**S. NEWMAN, INC**  
**7092 GOODWAY DR**  
**BROOKSVILLE, FL 34609**  
**813-267-2949**

10/27/03

TO: Florida Department of Corporations

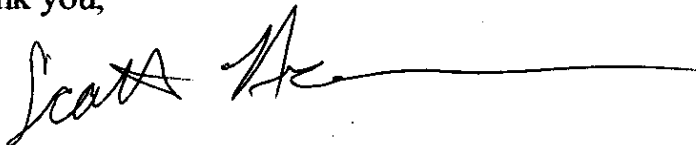
From: Scott Newman

Subject: Corporation reinstatement

It came to my attention this week that my corporation has become inactive. When I called the state to find out why they said it was due to a failure to file my annual report.

This was not done because I never received the report and was unaware it was due. Please reinstate my corporation and wave the \$750.00 fee. I have included a check for \$150.00 along with the appropriate reinstatement form.

Thank you,

A handwritten signature in black ink, appearing to read 'Scott Newman', followed by a long horizontal line.

Scott Newman  
President