

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 26 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000093386

1. Corporation Name

Scapers, Inc.

2. Principal Office Address

204 Weeping Elm Lane

Suite, Apt. #, etc.

City & State

Longwood, FL

Zip

32779

Country

Seminole

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

03-04

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

09-25-2001

5. FEI Number

59-3745685

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

Frederick Mioducki

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

204 Weeping Elm Lane

Suite, Apt. #, Etc.

City

Longwood

**State
FL**

Zip Code

32779

500040525005
08/26/04--01035--003 **300.00

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

REGISTERED AGENT MUST SIGN

Date

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
P	Frederick Mioducki	204 Weeping Elm Lane	Longwood, FL 32779

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:

Frederick Mioducki
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/23/04
Date Daytime Phone #

CR2001 (01/04)

252

SCAPERS, INC.
204 Weeping Elm Lane
Longwood, FL 32779

August 9, 2004

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

RE: Corporate reinstatement Scapers, Inc. P01000093386

Dear Sirs:

Enclosed is the application for Corporation Reinstatement for Scapers, Inc.

This corporation was administratively dissolved for non-payment of the 2003 Corporate Annual Report.

I didn't receive either the original 2003 Corporate Annual Report or the 2004 Report. I had moved and the report was sent to my old address. Therefore, I am asking that you waive any additional fees and grant the reinstatement of each year for \$150.

Enclosed is a check for \$300 to cover the cost of the reinstatement for the 2003 and the 2004 annual fee.

Yours truly,

Frederick Mioducki, President

Frederick Mioducki