

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P01000115228**

1. Corporation Name

**SCOOTER SUPER SHOPS, INC.**

Principal Place of Business

**901 PENNSYLVANIA AVE #2  
MIAMI BEACH FL 33139**

Mailing Address

**901 PENNSYLVANIA AVE #2  
MIAMI BEACH FL 33139**

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

**12/03/2001**

5. FEI Number

**65-1158859**

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
<b>0</b>	<b>SAEZ, OSIEL</b>	<b>7995 SW 23RD ST</b>	<b>MIAMI FL 33155</b>
<b>0</b>	<b>MOURA, ARIEL</b>	<b>901 PENNSYLVANIA AVE #2</b>	<b>MIAMI BEACH FL 33139</b>

**800024511208**  
**11/07/03--01064--004 \*\*150.00**

8. Name and Address of Current Registered Agent

**SAEZ, OSIEL  
7995 SW 23RD STREET  
MIAMI FL 33155**

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**

REGISTERED AGENT MUST SIGN

Date **10-31-03**

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10-31-03 (355) 673-5121**

Date

Daytime Phone #

CR20040 (7/03)

**SCOOTER SUPER SHOPS, INC.**  
**7955 SW 23<sup>rd</sup> street**  
**MIAMI, FL 33155**

October 30, 2003

Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sirs:

Due to this corporation's change in address; we did not receive the Uniform Business Report for the year 2003. It is for this reason, we did not make the payments for this year.

We kindly ask that you accept the attach check in the amount of \$150.00, since this payment was not voluntarily made late.

We express our gratitude in advance.

Sincerely,



Ariel Moura  
President