

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
*02-034*  
017 Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 FEB 26 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000121466

1. Corporation Name

SCOTT J. GILMORE INC

Principal Place of Business

915 A 51ST AVE E  
BRADENTON FL 34203

Mailing Address

915 A 51ST AVE E  
BRADENTON FL 34203



3/26/02 70DD2 017 151

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

2. New Principal Office Address, If Applicable

11912 NW 2nd Ct  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

11912 NW 2nd Ct  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

12/26/2001

5. FEI Number

60-0000909

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
owner	Scott Gilmore	209 52 Ave Blvd W	Bradenton FL 34205

000013044920  
02/24/03--01094--018 \*\*150.00

8. Name and Address of Current Registered Agent

GILMORE, SCOTT J  
915 A 51ST AVE E  
BRADENTON FL 34203

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/03

Date

954-540-6462

Daytime Phone #

CR2E040 (9/02)

## **Books By Nina, Inc.**

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11912 NW 2nd Court  
Coral Springs, FL 33071  
954-255-1046

Florida Department of State  
PO Box 6327  
Tallahassee, FL 32314

RE: P01000121466  
Scott Gilmore, Inc.

To Whom It May Concern:

This is in regard to Document #P01000121466 , Scott Gilmore, Inc. Mr. Gilmore received a notice of administrative dissolution for his corporation. Enclosed you will find a copy of the cancelled check for his corporate renewal for 2002. Mr. Gilmore is a truck driver and is rarely in the state therefore he had no idea that this was waiting for him in his mailbox.

I was instructed to download a uniform business report and fill it in and send a check for the renewal for 2003. However; the form would not download since the corporation has become inactive. I am enclosing this reinstatement form signed with a check for \$150, which would have been the annual renewal. I am hoping that this will reinstate Scott Gilmore, Inc. and we will be able to continue with business as usual.

If there are any questions please contact me at 954-540-6462. I have POA for Mr. Gilmore with the IRS as well.

Thanks for your help with this matter.

Sincerely,



Nina Warshaw