

2063 UBR

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 22 AM 8:00

DOCUMENT # P01000122248

1. Corporation Name

SCANNELL ENT. INC.

2. Principal Office Address

7908 NW 7TH COURT

Suite, Apt. #, etc.

City & State

PLANTATION, FL

Zip

33324

Country

USA

3. Mailing Office Address

7908 NW 7TH COURT

Suite, Apt. #, etc.

City & State

PLANTATION, FL

Zip

33324

Country

USA

000023248040
09/22/03--01089--015 **150.004. Date Incorporated or Qualified
To Do Business in Florida

1/1/02

5. FEI Number

22-3851023

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

SCANNELL, DOUGLAS

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

7908 NW 7TH COURT

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

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

9-17-03

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	SCANNELL, DOUGLAS	7908 NW 7TH COURT	PLANTATION, FL 33324

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

**SCANNELL ENT, INC.
7908 NW 7TH COURT
PLANTATION, FL 33324
954-473-2430**

9/17/03

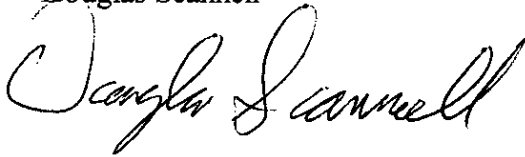
To Whom It May Concern:

I am writing this letter to request a waiver of the reinstatement penalty, as I never received the Uniform Business Report in the mail. I am enclosing a check in the amount of \$150.00. and request that the corporation be reinstated.

- - Thanking you in advance for your assistance with this matter.

Regards,

Douglas Scannell

A handwritten signature in cursive script that reads "Douglas Scannell". The signature is written in dark ink and is positioned below the printed name.