

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 APR 29 PM 4:05

**DOCUMENT #**

**1. Corporation Name**

*Faith Mental Center / Edward R Scott & Associates,  
PA*

**2. Principal Office Address**

*1100 E. Tennessee St. Ste B*

Suite, Apt. #, etc.

City & State

*Tallahassee, Florida*

Zip

*32308*

Country

*USA*

**3. Mailing Office Address**

*1100 E. Tennessee St. Ste B*

Suite, Apt. #, etc.

City & State

*Tallahassee, Florida*

Zip

*32308*

Country

*USA*

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

**5. FEI Number**

*30-0000971*

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, Edward R II*

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

*2304 Monaco Dr.*

Suite, Apt. #, Etc.

City

*Tallahassee, Florida*

State

*FL*

Zip Code

*32308*

**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

*Ed U*

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
<i>Pres</i>	<i>Edward R Scott II</i>	<i>2304 Monaco Dr.</i>	<i>Tallahassee, Florida 32308</i>

**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:**

*Ed U*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*(850) 561-6115*

Daytime Phone

CR2E081 (01/04)

292

To Whom It May Concern:

Faith Mental Center / Edward R. Scott & Associates located at  
1100 E. Tennessee St. Ste B. did not receive our  
Corporation Report form, the first notice or second.  
On today April 28, 2004, the tenants in Suite A  
delivered to us the final notice form which was  
sent out June 03. We are asking that the late  
fee please be waived

Sincerely



Edward R. Scott II DMD