PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION ジFOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P0200003086

1. Corporation Name

MICHAEL SCOTT INVESTMENTS, INC.

Principal	Place	of	Business

Mailing Address

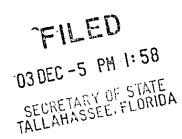
1141 BIMINI LN

SINGER ISLAND FL 33404

SIGNATURE:

1141 BIMINI LN

SINGER ISLAND FL 33404



If above a	addresses are	incorrect in any way, line t	hrough incorrect in	nformation a	and enter correction below.	Carlon	一一种是阿尔	STEE S	03	
			New Mailing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 01/09/2002					
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc. ~ City & State		5. FEI Numbe	ır	0 1/03/2	Applied For		
City & State					City & State		00035/0		Not Applicable	
-Zip		-Gountry	Zip		- Country	6. CERTIFICATI	E OF STATUS DESIRED		Iditional Fee required ertificate of Status	
7. Names	and Street Ad	dresses of Each Officer an	d/or Director (Flo	rida nonprol	it corporations must list at le	ast 3 directors)				
Title(s)	(s) Name of Officers and/or Directors 3		3	Street Address of Each Officer and/or Director		City / State / Zip				
D PEART, MICHAEL S				1141 BIMINI LN			SINGER ISLAND FL 33404			
						ion				
			***************************************			11/17/	DO2476 03010980	12 **7	<u>.</u> 50.00	
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent					
					Name	-				
PEART, MICHAEL S 1141 BIMINI LN SINGER ISLAND FL 33404			Street Address (Street Address (P.O. Box Number is Not Acceptable)						
					City			State Zip	Code	
10. I, being	appointed th	e registered agent of the al	pove named corpo	oration, am f	amiliar with and accept the o	obligations of Sect	ion 607.0505, F.S. or 6	17.0505, F.S		
Signature o Registered		Mul	REGISTERED AG	ENT MUST	SIGN	 	Date//-	14-03		
11. I certify	that I am an o	officer or director or the rec	eiver or trustee er	npowered to	execute this application as	provided for in cha	apter 607 or 617, F.S.	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

MichAEL S. PEART

Daytime Phone #

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR