

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

FILED

03 OCT 27 AM 11:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P02000010384**

1. Corporation Name

**SCOTT RAHO, INC.**

Principal Place of Business

Mailing Address

300 BHAMA ROAD  
VENICE FL 34293

300 BHAMA ROAD  
VENICE FL 34293



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

**REINSTATEMENT 03**

2. New Principal Office Address, If Applicable

300 Bahama Rd

3. New Mailing Office Address, If Applicable

300 Bahama Rd.

4. Date Incorporated or Qualified  
To Do Business in Florida

01/24/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

010582011

Applied For

Not Applicable

City & State

Venice, FL

City & State

Venice, FL

Zip

34293

Country

USA

Zip

34293

Country

USA

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
Pres.	Scott Raho	300 Bahama Rd	Venice, FL 34293
Secy	Amy Raho	300 Bahama Rd.	Venice, FL 34293
			200024099422 10/27/03--01004--002 **150.00
			10/27/03--01004--002 **150.00

8. Name and Address of Current Registered Agent

RAHO, SCOTT  
300 BHAMA ROAD  
VENICE FL 34293

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

*Scott Raho*

REGISTERED AGENT MUST SIGN

Date

10/15/03

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:

*Scott Raho*

SCOTT RAHO

10/15/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

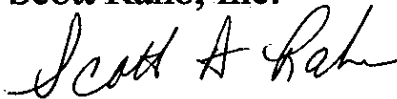
Scott Raho Inc.  
300 Bahama Rd.  
Venice, FL 34293

To whom this may concern:

Unfortunately I did not receive an Annual Report for this year and have received a dissolution of corporation certificate. Pleading ignorance, as I am a new business owner and this is my first year in business, please waive the penalty fee, and I am enclosing a check for the amount of \$150.00.

Thank you for your understanding,

Scott Raho  
Scott Raho, Inc.



Address was incorrect