

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P02000038878

1. Corporation Name

SCOTT RONA INC.

Principal Place of Business

Mailing Address

245 TAVESTOCK LOOP
WINTER SPRINGS FL 32708

245 TAVESTOCK LOOP
WINTER SPRINGS FL 32708

FILED
03 NOV 17 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/03/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State
Winter Springs FL

City & State
Winter Springs FL

41-2038751

Not Applicable

Zip 32719 Country Seminole

Zip 32719 Country Seminole

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
D	RONA, SCOTT	POST OFFICE BOX 195104	WINTER SPRINGS FL 32719

400024760974

11/17/03--01093--003 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RONA, SCOTT
245 TAVESTOCK LOOP
WINTER SPRINGS FL 32708

Name

Scott Rona

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

820 Lake Kathryn CR

Suite, Apt. #, Etc.

City

Casselberry

State

FL

Zip Code

32707

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

X

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

X 11/13/03

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6200

CR2E040 (7/03)

UCT-6

FLORIDA DEPARTMENT OF REVENUE
UNEMPLOYMENT TAX
5660 WEST TENNESSEE STREET
TALLAHASSEE, FLORIDA 32399-0180

F A C S I M I L E

FEDERAL ID NO. 412038751

PREPARED BY: DC AND ASSOCIATES
AREA CODE (407) 831-1407
AGENT NO. 0869

EMPLOYER TELEPHONE NO.

6-5

QUARTER ENDING

09/30/03

3

2482452-6

ACCOUNT
NUMBER

SCOTT RONA INC
P O BOX 195104
WINTER SPRINGS, FL 32719-5104

0.0270

TAX
RATE

10/01/03

DUE
DATE

10/31/03

PENALTY
AFTER

CLIENT NO: 217

	1ST MONTH:	2ND MONTH:	3RD MONTH:
1. NUMBER OF COVERED WORKERS ON YOUR PAYROLL FOR THE PAY PERIOD INCLUDING THE 12TH OF THE MONTH	1	1	1
2. GROSS WAGES PAID FOR THE QUARTER (MUST AGREE WITH WAGE REPORT TOTAL)		\$ 7500.00	POST MARK DATE
3. LESS WAGES PAID THIS QUARTER IN EXCESS OF \$7,000 PER WORKER THIS YEAR		\$ 7500.00	
4. NET TAXABLE WAGES - ITEM 2 MINUS ITEM 3		\$ 0.00	
5. TAX DUE THIS QUARTER (NET TAXABLE WAGES TIMES YOUR TAX RATE)		\$ 0.00	
6. IF DELINQUENT ADD PENALTY OF \$25.00 PER MONTH FOR EACH MONTH DELINQUENT, OR FRACTION THEREOF		\$	
7. IF DELINQUENT ADD INTEREST OF 1% (.01) OF TAX DUE FOR EACH FULL MONTH DELINQUENT		\$	
8. NET AMOUNT TO BE PAID IF \$1.00 OR MORE MAKE CHECK PAYABLE TO FLORIDA UNEMPLOYMENT COMPENSATION FUND NEITHER FOREIGN CURRENCY NOR FUNDS DRAWN FOR OTHER THAN U. S. BANKS WILL BE ACCEPTED. DO NOT MAIL CASH OR STAMPS.		\$ 0.00	

I CERTIFY THE INFORMATION CONTAINED ON THIS REPORT AND THE WAGE REPORT ATTACHED HERETO IS TRUE AND CORRECT - AND THAT NO PART OF THE TAX WAS OR IS TO BE DEDUCTED FROM THE WORKER'S WAGES.

SIGNATURE

TITLE

AREA CODE-PHONE NO.

DATE

Scott Rona *President* *407-758-6200* *11/13/03*

FLORIDA DEPARTMENT OF REVENUE
UNEMPLOYMENT TAX
5050 WEST TENNESSEE STREET
TALLAHASSEE, FLORIDA 32399-0180

PREPARED BY: DC AND ASSOCIATES
AREA CODE (407) 831-1407
AGENT NO. 0869

EMPLOYER TELEPHONE NO.	6-S	QUARTER ENDING 09/30/03	3	2482452-6
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SCOTT RONA INC
P O BOX 195104
WINTER SPRINGS, FL 32719-5104

TAX
RATEGROSS
WAGESTAXABLE
WAGES

SOCIAL SECURITY NO.	EMPLOYEE'S NAME (LAST NAME FIRST)	WEEKS WORKED	TOTAL WAGES PAID THIS QUARTER	AGENCY USE ONLY
118-56-6626	RONA, SCOTT		7500.00	
	TOTAL WAGES THIS PAGE		7500.00	

SCOTT RONA INC.
P.O. BOX 195104
WINTER SPRINGS, FL. 32719
407-758-6200

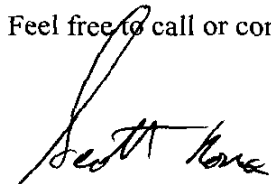
Florida Department of State
Division of Corporations
Annual Report
PO Box 6327
Tallahassee, Fl. 32314-6327

Dear Sirs:

Please find enclosed my Application for Reinstatement and my check for \$150.00 to cover the fees as required.

My business moved and I did not receive the original notices and am requesting that you reinstate my corporation.

Feel free to call or contact me with any questions.



Scott Rona President