

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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 OCT 23 AM 8:00

DOCUMENT # **P02000039625**

1. Corporation Name

**SPECIALTY SCOPE REPAIR, INC.**

Principal Place of Business

3100 NW 2ND AVENUE, SUITE 203  
BOCA RATON FL 33431

Mailing Address

3100 NW 2ND AVENUE, SUITE 203  
BOCA RATON FL 33431

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/11/2002

5. FEI Number

04-3640965

Applied For

Not Applicable

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

BELLO, DAVID P

3100 NW 2ND AVENUE, SUITE 203

BOCA RATON FL 33431

8. Name and Address of Current Registered Agent

BELLO, DAVID P  
3100 NW 2ND AVENUE, SUITE 203  
BOCA RATON FL 33431

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

REGISTERED AGENT MUST SIGN

Date

10/15/2003

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:

  
David P. Bello

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/2003 561-395-1895

Daytime Phone #

CR2E040 (7/03)

October 15, 2003

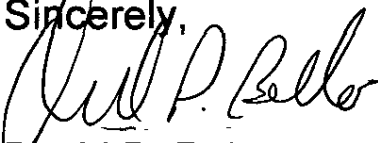
To: Division of Corporations  
From: Specialty Scope Repair, Inc.  
Document#: P02000039625  
Re: Corporate Reinstatement

To whom it may concern,

I am the President, Vice President, or Director of 6 Florida corporations. Some of these corporations have been in Florida for more than 20 years. This is the first time that we have NOT received UBR notices for all 6 corporations. I would like to have all of these corporations reinstated. I have included this letter and a check for \$150.00 to file the report without penalties. This letter has been sent with each Reinstatement Envelope.

All mailing addresses remain the same.

Sincerely,

A handwritten signature in black ink, appearing to read "David P. Bello", written over the printed name.

David P. Bello  
Director