

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 # **P02000111312**

1. Corporation Name

THE SCOOTER MENACE, INC..

FILED

03 OCT 28 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4372 SYCAMORE PASS CT W
JACKSONVILLE FL 32258

Mailing Address

4372 SYCAMORE PASS CT W
JACKSONVILLE FL 32258

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

2. New Principal Office Address, If Applicable

32 SAN MARCO AVE
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

32 SAN MARCO AVE
Suite, Apt. #, etc.

City & State

ST. AUGUSTINE, FL

Zip

32084

Country

USA

City & State

ST. AUGUSTINE, FL

Zip

32084

Country

USA

REINSTATEMENT

03

4. Date Incorporated or Qualified
To Do Business in Florida

10/15/2002

5. FEI Number

☒ 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	SOLANO, MARTIN	4372 SYCAMORE PASS CT W	JACKSONVILLE FL 32258

200024185052
10/28/03--01006--023 **550.00

8. Name and Address of Current Registered Agent

SOLANO, MARTIN E
4372 SYCAMORE PASS CT W
JACKSONVILLE FL 32258

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

Date

10-24-03

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-24-03

Date

904-825-6766

Daytime Phone #

CR2E040 (7/03)

The Scooter Menace Inc.
RE: P02000111312

October 24th, 2003

Dear Sir,

Enclosed in this letter, please find documents of proof that we sent the payment (\$550.00) for the 2003 UBR filing fee to your office on September 9th, 2003. We sent the form and the check overnight through UPS to insure that you would receive the payment before the deadline for filing of September 10th, 2003.

After speaking with your office this morning, I was advised to resend the payment of \$550, and fill out the reinstatement form. The associate I spoke with stated you would adjust the \$200 penalty for reinstatement upon receipt of these documents. Please find the replacement check (# 1207) enclosed with the other documentation you requested.

Sincerely,

A handwritten signature in black ink, appearing to be 'MS' or similar, enclosed within a large, horizontal oval loop.

Martin Solano
President
The Scooter Menace, Inc.