

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JAN 23 PM 4:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P03000041355**

1. Corporation Name

SCRAP BOOKING GETAWAYS, INC

300086689668
01/30/07--01028--003 **458.75

2. Principal Office Address - No P.O. Box #

1045 EAST GRAVES AVE

Suite, Apt. #, etc.

City & State

ORANGE CITY, FL

Zip

32763

Country

Volusia, USA

3. Mailing Office Address

1045 EAST GRAVES AVE

Suite, Apt. #, etc.

City & State

ORANGE CITY, FL

Zip

32763

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04-11-2003

5. FEI Number

3200 88617

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JANICE JAMES

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

1045 EAST GRAVES AVE

Suite, Apt. #, Etc.

City

ORANGE CITY

State

FL

Zip Code

32763

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

JANICE JAMES

REGISTERED AGENT MUST SIGN

Date **1-22-07**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	JANICE JAMES	1045 E. GRAVES AVE	ORANGE CITY, FL 32763
VP	JENNIFER STANCI	474 S. LEAVITT AVE	ORANGE CITY, FL 32763
TREAS	JANICE JAMES	1045 E. GRAVES AVE	ORANGE CITY, FL 32763
SEC	JENNIFER STANCI	474 S. LEAVITT AVE	ORANGE CITY, FL 32763

10. 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 contained in Chapter 119, 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:

JANICE JAMES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-07

Date

386-774-0744

Daytime Phone #