

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAY 15 PM 1:18

DOCUMENT # P03000047741

1. Corporation Name

Scorpius Group of Florida, Inc.

500075288005  
05/25/06--01044--020 \*\*1050.00

**REINSTATEMENT**  
CR2E081 (12/05)

04-06

2. Principal Office Address

591 N.W. 193rd Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip  
33169

Country  
USA

3. Mailing Office Address

591 N.W. 193rd Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip  
33169

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

04/17/2003

5. FEL Number

13-4252827

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

Russell M. Robbins, Esq.

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

9690 West Sample Road

Suite, Apt. #, Etc.

Suite 103

City

Coral Springs

State

FL

Zip Code

33065

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

REGISTERED AGENT MUST SIGN

Date May 3, 2006

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
PD	Maurice Stewart	591 N.W. 193rd Street	Miami, Florida 33169
VPD	Mark Stewart	591 N.W. 193rd Street	Miami, Florida 33169

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:

Maurice Stewart, President & Director

May 3, 2006

(954) 243-7245

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #