**CORPORATION REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY 25 AM 10: 48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000148190

**1.** Corporation Name

Scott P Conlon Enterprises Inc.

CR2E081 (8/05)

**2.** Principal Office Address
2910 68 Ave N E

Suite, Apt. #, etc.

City & State
Naples Florida

Zip
34120

Country
Collier

**3.** Mailing Office Address
2910 68 Ave N E.

Suite, Apt. #, etc.

City & State
Naples Floaida

Zip
34120

Country
Collier

**4.** Date Incorporated or Qualified
To Do Business in Florida   12/05/2003

**5.** FEI Number
- - - 65-1210345    ☐ 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
Scott P Conlon

Street Address (P.O. Box Number is Not Acceptable)
2910 68 Ave N.E.

Suite, Apt. #, Etc.

City
Naples

B S 5/30/06

REINSTATEMENT 05-06

State   FL   Zip Code   34120

**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 _____   Date   5/20/06
REGISTERED AGENT MUST SIGN

**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 |
|---|---|---|---|
| D | Conlon, Scott, P | 2910 68 Ave N.E. | Naples Floaida 34120 |
| | | | |
| | | | T000076156887  06/13/06--01039--025  **908.75 |
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**10.** I certify that I am an officer or director of 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: _____   5/20/06   (239)253-7589
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #