

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000005856

1. Entity Name
TOY SCOTT, P.A.



FILED

04 DEC 20 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
3908 DUPONT CIRCLE
JACKSONVILLE, FL 32205

Mailing Address
3908 DUPONT CIRCLE
JACKSONVILLE, FL 32205

2. Principal Place of Business
4390 HERSCHEL ST.
Suite, Apt. #, etc.
UNIT #2
City & State
JACKSONVILLE, FL
Zip
32210
Country
USA

3. Mailing Address
4390 HERSCHEL ST.
Suite, Apt. #, etc.
UNIT #2
City & State
JACKSONVILLE, FL
Zip
32210
Country
USA

12132004 REIN-P CR2E098 (6/04)

4. FEI Number
20-0590199
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCOTT, TOY
3908 DUPONT CIRCLE
JACKSONVILLE, FL 32205

7. Name and Address of New Registered Agent

Name
TOY SCOTT
Street Address (P.O. Box Number is Not Acceptable)
4390 HERSCHEL ST., UNIT #2
City
JACKSONVILLE FL Zip Code
32210

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PDST ☐ Delete
NAME SCOTT, TOY
STREET ADDRESS 3908 DUPONT CIRCLE
CITY-ST-ZIP JACKSONVILLE, FL 32205

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDST ☒ Change ☐ Addition
NAME TOY SCOTT
STREET ADDRESS 4390 HERSCHEL ST., UNIT #2
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
000043537440
12/20/04--01069--013 **150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #