

pg 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 NOV 21 PM 4: 54

REINSTATEMENT
TALLAHASSEE, FLG 32304

DOCUMENT # P04000074650

1. Corporation Name

SCENIC FLORIDA REALTY, INC

W08-50113

10/13/08 60084 006 145.00
800137524178
10/31/08--01021--005 **158.75

REINSTATEMENT 07-08

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

17 TRIANGLE PARK PLAZA

3. Mailing Office Address

P.O. Box 305

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE PLACID, FL

City & State

LAKE PLACID, FL

Zip

Country

33852 USA

Zip

Country

33862 USA

4. Date Incorporated or Qualified To Do Business in Florida

5-07-2004

5. FEI Number

59-1017415

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

Shelley S. Johnston

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

17 TRIANGLE PARK PLAZA

Suite, Apt. #, Etc.

City

LAKE PLACID, FL

State

Zip Code

FL

33852

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

Shelley S. Johnston

REGISTERED AGENT MUST SIGN

Date 10-20-08

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
P	WALLACE M. WHITE	1238 VINE TREE DR.	BRANDON, FL 33510
S	WALLACE M. WHITE	1238 VINE TREE DR.	BRANDON, FL 33510
T	WALLACE M. WHITE	1238 VINE TREE DR.	BRANDON, FL 33510

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:

Wallace M. White

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/08

813

242-4135

Daytime Phone #

11/21
aw