

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB 16 PM 4:51

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000077133

1. Corporation Name

SCOTT CLARK INC

300169010243
02/16/10--01033--015 **\$600.00

REINSTATEMENT 07-10

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

2076 ABALONE AVE

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

INDIALANTIC FL

City & State

SAME

Zip

32903

Country

USA

Zip

32903

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida **05/25/2005**

5. FEI Number

043816870

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

MARIA L CLARK/DE FRANCESCO

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

2076 ABALONE AVE

Suite, Apt. #, Etc.

City

INDIALANTIC

State

FL

Zip Code

32903

☒ 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

REGISTERED AGENT MUST SIGN

Date

2-4-10

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/VP	MARIA L CLARK /DE FRANCESCO	2076 ABALONE AVE	INDIALANTIC FL 32903
D/T/S/V	MARIA L CLARK /DE FRANCESCO	SAME ABOVE	INDIALANTIC FL 32903

10. E-mail Address: **MLDF0924@LIVE.COM**

(To be used for future annual report notification)

11. 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, I further certify 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-4-10

Daytime Phone #

2160