

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

PO5000151329

1. Corporation Name

SCOTT MOORE MARKETING, INC.

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

108 S. OLEANDER AVE.

3. Mailing Office Address

108 S. OLEANDER AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAYTONA BEACH, FL

City & State

DAYTONA BEACH, FL

Zip

32118

Country

U.S.

Zip

32118

Country

U.S.

7. Name and Address of Current Registered Agent

Name

SCOTT R. MOORE

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

108 S. OLEANDER AVE.

Suite, Apt. #, Etc.

City

DAYTONA BEACH

State

FL

Zip Code

32118

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

SCOTT R. MOORE

REGISTERED AGENT MUST SIGN

Date

9/13/08

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	SCOTT R. MOORE	108 S. OLEANDER AVE.	DAYTONA BEACH, FL 32118

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:

SCOTT R. MOORE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/13/08

Daytime Phone #

386-295-5022

FILED

08 SEP 15 AM 10:01

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

000135850960
09/15/08--01045--009 **450.00

REINSTATEMENT 06-08
CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

11/14/05

5. FEI Number

90-0334953

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.