

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P93000002011**

1. Corporation Name

**R. SCOTT PROPERTIES, INC.**

Principal Place of Business

POST OFFICE BOX 946  
PONTE VEDRA BEACH FL 32004

Mailing Address

POST OFFICE BOX 946  
PONTE VEDRA BEACH FL 32004

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1808 University Blvd S  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1808 University Blvd S  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

01/06/1993

5. FEI Number

59-3163387

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

City & State

Jacksonville, Fl.

City & State

Jacksonville, Fl.

Zip

32216

Country

USA

Zip

32216

Country

USA

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City/State/Zip
D	JASON, SCOTT	1808 UNIVERSITY BLVD S	JACKSONVILLE FL 32216
<del>D</del>	<del>JASON, TRULY</del>	<del>1808 UNIVERSITY BLVD S</del>	<del>JACKSONVILLE FL 32216</del>
D	JASON, RICHARD	1808 UNIVERSITY BLVD S	JACKSONVILLE FL 32216

REINSTATEMENT 97-99 ITS

8. Name and Address of Current Registered Agent

• TRULY, JASON  
• 1808 UNIVERSITY BLVD. S.  
• JACKSONVILLE FL 32216

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

2/1/99

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/7/99 904-220-0611

CR2E040 (8/97)