

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 # 793000061214

1. Corporation Name

SCORECARD AMERICA, INC.

FILED

97 MAR 12 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

111 Riverside Avenue
Suite 330
Jacksonville, FL 32202

2380 Waterleaf Dr.
Germantown, TN 38138

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

REINSTATEMENT 95-97

2. New Principal Office Address, if Applicable

3. New Mailing Address, if Applicable

4. Date incorporated or Qualified
To Do Business in Florida

8/27/93

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

62-15-46781

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status.

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City State / Zip
P/D	Steven N. Melnyk	111 Riverside Avenue Suite 330	Jacksonville, FL 32202
V/D	Ed Page	5081 Staverly Lane	Norcross, GA 30092
S/D	G. Michael Love	1448 Spindrift Circle, E.	Neptune Beach, FL 32266

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-03/14/97--01033--009
***1000.00 ***1000.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

G. Michael Love
1448 Spindrift Circle, East
Neptune Beach, Florida 32266

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

G. Michael Love

REGISTERED AGENT MUST SIGN

Date

MARCH 6, 1997 241-6026

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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 #

MARCH 3, 1997 904-756-1000