

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

132

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 AUG -8 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PG5 000000 983**

1. Corporation Name
Scott's Cleaning Service Inc
145 Dade Ave
Sarasota, FL 34232

2. Principal Office Address
Same

3. Mailing Office Address
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1/31

5. FEI Number

65-0548257

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

800022165988
08/08/03--01036--012 **300.00

7. Name and Address of Current Registered Agent

Name **Dennis**
D. Scott Troutman
Street Address (P.O. Box Number is Not Acceptable)
145 Dade Ave
Suite, Apt. #, Etc.
City **Sarasota**

State
FL

Zip Code
34232

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

Dennis Scott Troutman
REGISTERED AGENT MUST SIGN

Date

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
Pres.	D. Scott Troutman (Dennis)	145 Dade Ave	Sarasota, FL 34232

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 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 #

CR2E081 (10/02)

222

SCOTT'S CLEANING SERVICE, INC.
145 DADE AVE.
SARASOTA, FL. 34232

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN —

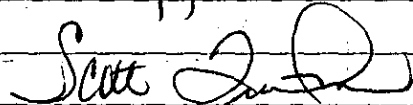
I AM APPLYING FOR REINSTATEMENT OF MY
CORPORATION, SCOTT'S CLEANING SERVICE, INC., FOR
2002 AND 2003.

I WAS GOING THRU A VERY BITTER DIVORCE IN
THE SPRING OF 2002 AND MOST OF MY PAPERS, MAILINGS
AND ETC... WAS LOST OR NOT RECEIVED BY ME DURING
THIS TRANSITION,

MY ACCOUNTANT BROUGHT THIS TO MY ATTENTION
RECENTLY WHILE DOING SOME TAX WORK.

SORRY FOR ANY INCONVENIENCE THIS MAY HAVE
CAUSED. ENCLOSED IS MY \$300.00 CHECK TO
COVER MY REINSTATEMENT FEE.

SINCERELY,



SCOTT TROUTMAN

PRESIDENT, SCOTT'S CLEANING SERVICE, INC