

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

**FILED**

98 MAR 10 PM 12:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000079695**

1. Corporation Name

**SCOTT INTERNATIONAL ENTERPRISES, INC.**

Principal Place of Business

303 SAND RIDGE DRIVE  
VALRICO FL 33594

Mailing Address

303 SAND RIDGE DRIVE  
VALRICO FL 33594

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business In Florida

10/17/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3339906

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

CR 76. Application 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	SCOTT, KENNETH P	303 SAND RIDGE DRIVE	VALRICO FL 33594
STD	SCOTT, JAMES E	303 SAND RIDGE DRIVE	VALRICO FL 33594

300002454383--4  
-03/11/98--01109--014  
\*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCOTT, KENNETH P  
303 SAND RIDGE DRIVE  
VALRICO FL 33594

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
Suite, Apt. #, Etc. \_\_\_\_\_  
City \_\_\_\_\_ State **FL** 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

*[Handwritten Signature]*  
REGISTERED AGENT MUST SIGN

Date

*2-2-98*

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 #

*[Handwritten Signature]* *2-2-98*

CR 76 (8/87)