PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. MENT OF STATE **APPLICATION** FOR REINSTATEMENT P96000037971 **DOCUMENT #** 97 NOV 20 AM 9: 57 1. Corporation Name SECRETARY OF STATE TALLAHASSEE FLORIDA JEFFREY, SCOTT AND ASSOCIATES INC. Principal Place of Business Mailing Address 1007 NORTH FEDERAL HIGHWAY 1007 NORTH FEDERAL HIGHWAY FORT LAUDERDALE FL 33304 FORT LAUDERDALE FL 33304 If above addresses are Incorrect in any way, fine through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Malling Office Address, If Applicable 04/29/1996 Sulte, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 65-0664084 City & State City & State Not Applicable \$8.75 Additional Fee required for a Certificate of Status Zip Country Zip Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Title(s) Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip 830 NE 20th AVE, Vicki L. GADDIS Ft. LAUD., FL 33304 Pæs F7: LAUD, FL 33304 600002354126--5 -11/21/97--01070--017 \*\*\*\*\*165.00 \*\*\*\*\*165.00 600002354126---5 -11/21/97--01070--018 \*\*\*\*\*\*8.95 \*\*\*\*\*\*8.9 \*\*\*\*\*\*8.95 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Name THE LAW OFFICE OF GENNARO CARIGLIO Street Address (P.O. Box Number is Not Acceptable) 1130 WASHINGTON AVENUE EIGHTH FLOOR Suite, Apt. #, Etc. MIAMI BEACH FL 33139 State | Zip Code City 10. I, being appointed the registered agent of the about named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Date 11-6-97 Signature of Registered Agent NT MUST SIGN REGISTERED AGE 11. This corporation owes or has paid the current year (See other side for informat Yes 🗌 No 🛛 on intangible tax.) Intangible Personal Property tax due June 30. 12. I Swittly 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. 11-6-97 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIR

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SIGNATURE: