

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

00 JAN 31 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000037971**

1. Corporation Name

JEFFREY, SCOTT AND ASSOCIATES INC.

Principal Place of Business

Mailing Address

1007 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE FL 33304

1007 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE FL 33304

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/29/1996

5. FEI Number

65-0664084

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED I

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	4 City / State / Zip
P	GADDIS, VICKI L	830 NE 20TH AVE	FORT LAUDERDALE FL 33304
REG AGT	GADDIS, VICKI L	830 NE 20TH AVE	FORT LAUDERDALE, FL 33304
			700003126867 - 8 -02/08/00--01022--005 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

THE LAW OFFICE OF GENNARO CARIGLIO
1130 WASHINGTON AVENUE
EIGHTH FLOOR
MIAMI BEACH FL 33139

9. Name and Address of New Registered Agent

Name **Vicki L. Gaddis**
Street Address (P.O. Box Number is Not Acceptable)
830 NE 20th Ave
Suite, Apt. #, Etc.
Fort Lauderdale
City **Fort Lauderdale** State **FL** Zip Code **33304**

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **1/26/2000**

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/2000