

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV -1 PM 2:48

DOCUMENT # P97000006818

1. Corporation Name

SCENE-SATIONS, INC.

Principal Place of Business

6539 WEST COMMERCIAL BOULEVARD
TAMARAC FL 33319-2112

Mailing Address

6539 WEST COMMERCIAL BOULEVARD
TAMARAC FL 33319-2112

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/23/1997

5. FEI Number

65-0752185

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	COVERT, PATTI	9620 NORTHWEST 43RD STREET	SUNRISE FL 33351
VP	RADICE, RICHARD	2112 GYPRESS BEND, #205	POMPANO BEACH FL 33069
S	MINK, CAROL	5900 N.W. 44 STREET, APT. 612	LAUDERHILL FL 33319

900003038479--7
-11708799--01117--006
*****150.00 *****150.00

8. Name and Address of Current Registered Agent

COVERT, PATTI
9620 N.W. 43RD STREET
SUNRISE FL 33351

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

AD

10/25/99 954-720-0028

CR25040 (8/99)

ZAND, FISCHER, MUROFF & PLATZER, P.A.
CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

MARK J. ZAND, C.P.A.
STEVEN P. FISCHER, C.P.A.
HOWARD W. MUROFF, C.P.A.
WILLIAM N. PLATZER, C.P.A., M.S.T.

ROY A. GLASSER, C.P.A.
JUDITH H. JOSEPH, C.P.A.
RICHARD A. REITER, C.P.A.

October 26, 1999

800 SOUTH PINE ISLAND ROAD
SUITE 110
PLANTATION, FLORIDA 33324
TEL: (954) 370-0300
FAX: (954) 474-8340
WEBSITE: www.zfmp.com

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: **Scene-Sations, Inc.**
Document No.: **P97000006818**

Gentlemen:

Your Notice of Application for Reinstatement was forwarded to our office by our client captioned above. Enclosed herewith please find the form, together with a check in the amount of \$150.00, payable to the Secretary of State.

We ask your consideration in accepting this Report and payment as timely filed due to the fact our client does not remember receiving the original filing, nor were they aware of the due date. They erroneously assumed that we would have automatically filed this report. They never intended to disregard nor willfully neglect the laws of the State of Florida. Rather, the non-filing was due to their misinformation and error.

Your consideration to this request is greatly appreciated. If you should have any further questions, please do not hesitate to contact the undersigned.

Sincerely yours,

ZAND, FISCHER, MUROFF & PLATZER, P.A.

Howard W. Muroff, C.P.A.

HWM/tla

cc: Ms. P. Covert

Enclosures

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