PLEASE READ A	ALL INSTRUCTIONS	BEFORE CO	MPLETING.TH	IS FORM.	
APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State  DIVISION OF CORPORATIONS		T 14 1 2 7 75 %.		
DOCUMENT # P9700050599  1. Corporation Name  LARRY SCOPPA, INC.			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business  /0303 BURNT STOLE P.D. #132  ABIGN BURNT STORE RD. #106D  PUNTA GORDA FL 33950  Mailing Address  SAME  10101 BURNT STORE RD. #106D  PUNTA GORDA FL 33950			REINSTATEMENT W		
If above addresses are incorrect in any way, line thro  2. New Principal Office Address, If Applicable  / 03 0 3 Burro T STORE LD.  Suite, Apt. #, etc.  ## 132  City & State  / Country  2ip  Country  Country  CHORLOTTE	ugh incorrect information and enter  3. New Mailing Office Address, If Suite, Apt. #, etc.  City & State  Zip Countr	Applicable 4	4. Date Incorporated or Qualified To Do Business in Florida  06/09/1997  5. FEI Number  4. Date Incorporated or Qualified To Do Business in Florida  06/09/1997  5. FEI Number  4. Applied For Not Applied For Not Applied For CERTIFICATE OF STATUS DESIRED To a Certificate of Status  6. CERTIFICATE OF STATUS DESIRED To a Certificate of Status		
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 Officer and/or Director Officer and/or Director  (Do NOT Use Post Office Box Numbers)  ARRS.  ARRY Copped T132 FUNTA CORDIN F1. 33250					
LARRY SCOPPA, INC. 10903 Burnt Store Road #1 PUNTA GORDA, FL 33950	32		-12	)2699537 /01/9801088- **750.00 *****7	
S. Name and Address of Current Registered Agent  SCOPPA, LARRY  1010 BURNT STORE RD. #105 D  PUNTA GORDA FL 33950		9. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City  City  Conc. Of Acceptable  State  State  State  State  FL  33.950			
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  11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.  See other line for incorporation of Section 607.0505, F.S.  Signature of Registered Agent  No Date  (See other line for incorporation of Section 607.0505, F.S.)					
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:  **RECIONAL BECIONAL BECOMPS.**  Date  Date  Dayline Phone #					