

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -6 PM 5:01

DOCUMENT # P 97000050599

1. Corporation Name

LARRY SCOPPA, INC.

100003481851--7
-11/30/00--01095--008
****750.00 ****750.00

REINSTATEMENT

2. Principal Office Address

10303 Burnt Store Rd.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

132

Suite, Apt. #, etc.

City & State

Punta Gorda, FL

City & State

Zip

33950

Country

U.S.A.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/9/97

5. FEI Number

65 - 0752321

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Larry Scoppa

Street Address (P.O. Box Number is Not Acceptable)

10303 Burnt Store Rd

Suite, Apt. #, Etc.

132

City

Punta Gorda,

State

FL

Zip Code

33950

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date Oct. 11, 2000

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Larry Scoppa	10303 Burnt Store Rd. #132	Punta Gorda, FL 33950

10. 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]* Larry Scoppa, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/11/00

Date

941/639-0400

Daytime Phone #

CR2E081 (9/99)