


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2010
CORPORATION
REINSTATEMENT
A/R

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000074689

1. Corporation Name

The Scrub Shop, Inc.

2. Principal Office Address - No P.O. Box #

345 SR 436

Suite, Apt. #, etc.

Suite 101

City & State

Fern Park

Zip

32730

Country

Seminole

3. Mailing Office Address

345 SR 436

Suite, Apt. #, etc.

Suite 101

City & State

Fern Park

Zip

32730

Country

SEminole

4. Date Incorporated or Qualified
To Do Business in Florida

1/1/97

5. FEI Number

59-3453080

☐ 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

Rober L. Heller

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

345 SR 436

Suite, Apt. #, Etc.

Suite 101

City

Fern Park

State

FL

Zip Code

32730

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0508, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date

4/22/10

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 |
|-----------|--------------------------------------|---------------------------------------------------|----------------------------|
| President | Robert L. Heller | 345 SR 436, Suite 101 | Fern Park, FL 32730 |
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M. MILLIGAN
EXAMINER

MAY - 8 2010

10. E-mail Address: **Robertlheller@hotmail.com**

(To be used for future annual report notification)

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. I further certify 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

ROBERT L. HELLER, PRES

Date

4/22/10

Daytime Phone #

407-788-0993