

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 FEB 27 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000057205

1. Corporation Name

Scroggins, Inc.

REINSTATEMENT

CR2E081 (12/07)

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

5100 N. 9th Avenue

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite E529

Suite, Apt. #, etc.

City & State

Pensacola

City & State

Zip

32504

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/06/1997

5. FEI Number

62-1705091

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

Billy Joe Scroggins

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

5100 N. 9th Avenue

Suite, Apt. #, Etc.
E529

City
Pensacola

State
FL

Zip Code
32504-5726

☒ 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 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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.	Billy Joe Scroggins	3707 Sunnyside Street	Pensacola, FL 32507
V.P.	Arlene Scroggins	3707 Sunnyside Street	Pensacola, FL 32507
Sec.	Charles Hubbard	737 Lakeside Drive, West	Mobile, AL 36693
Tres.	Charles Hubbard	737 Lakeside Drive, West	Mobile, AL 36693

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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 contained in Chapter 119, 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:

Billy Joe Scroggins

BILLY JOE SCROGGINS

2-18-08

850-477-4131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #