

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000108829

1. Corporation Name

SCOTT HALL ENTERPRISES, INC.

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

14320 VENTURA BLVD.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

SHERMAN OAKS, CA

City & State

Zip

91423

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/30/1997

5. FEI Number

650802601

☐ 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

JORGE MALDONADO

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

1006 N. MAGEE CREEK COURT

Suite, Apt. #, Etc.

City

OVIEDO

State

FL

Zip Code

32765

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

2/8/12

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
P	SCOTT HALL	1325 Ft. Christmas Rd.	Chuluota, FL 32766
VP	BARRY BLOOM	14320 Ventura Blvd.	Sherman Oaks CA 91423
S	Jorge Maldonado	1006 N. Magee Creek Ct.	Oviedo, FL 32765

10. E-mail Address: **ANN@WHARTONLAWGROUP.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/8/12 407-687-5369

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 FEB 13 AM 10:05

FILED

CR2E081 (11/10)

REINSTATEMENT

06-12

cc

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