PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 DEC 13 PM 12:58

DOCUMENT # **P98000011675**

1. Corporation Name

SCULLEY & FOSKIN ENTERPRISES, INC.

Principal Place of Business	Mailing Address
7794 KISMET STREET MIRAMAR FL 33023	7794 KISMET STREET MIRAMAR FL 33023

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 02/04/1998

5. FEI Number: 65-0811673 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PM	SCULLEY, OTHNIEL	7794 KISMET STREET	MIRAMAR FL 33023
D	FOSKIN, IAN	15802 N.W. 39 PL	OPA-LOCKA FL 33054
D	FOSKIN, MILLICENT	15800 N.W. 39 PL	OPA-LOCKA FL 33054
D	CAMPBELL, MABEL	7794 KISMET ST	MIRAMAR FL 33023
			900003509879--8 -12/21/00--01029--008
			****165.00 ****165.00

8. Name and Address of Current Registered Agent

SCULLEY, OTHNIEL
7794 KISMET STREET
MIRAMAR FL 33023

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (8/00)

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: SIGNATURE REQUIRED — Date: 10/15/00

REGISTERED AGENT MUST SIGN

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 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 REQUIRED — OTHNIEL SCULLEY — 10/15/00 — (954) 894-0227

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Sept 26, 2000

Sculley & Foskin Ent
1794 Kismet Street,
Miramar FL 33023

Florida Dept. of State
% Pat Bailey
Accountant II
Division of Corporations

Re: Sculley & Foskin Ent. Inc

Dear Pat,

I hope you can help me please. I had to attend a court hearing in Jamaica during the first week of June. During the time I was there my brother died and I had to stay to assist with the funeral arrangements. I returned only Sept 24th to a pile of mail and bills. The minute I saw your letter, I had a friend loan me is long distance privillages so I could call you to see how I can save the company. This is a very small company but I have great expectations for it. I only sell stockings retail from my home I don't even make $100.00 profit in a month but I am willing to continue. Having my own company is my dream. It was not intentional to have the cheque return. I'm very sorry, please forgive me. I did not receive the warning letter or to replace the cheque because I was not here nor was I informed by my office.

Please help me. You can call me at (305) 796-7675 or (954) 989-4276.

Thanks

Yours Truly

Ref# P98000011675

Debit Memo # 04114-20

OTHNIEL SCULLEY