

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P98000031250

1. Corporation Name

SCOTT BANKS SERVICES, INC.

Principal Place of Business

11211-S MILITARY TR. #1912  
BOYNTON BEACH FL 33436

Mailing Address

11211-S MILITARY TR. #1912  
BOYNTON BEACH FL 33436



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 OCT 28 PM 4:28

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

2. New Principal Office Address, If Applicable

5130 NE 26<sup>TH</sup> TERRACE

Lighthouse point

City & State  
Florida

Zip  
33064

Country  
US

3. New Mailing Office Address, If Applicable

5130 NE 26<sup>TH</sup> TERRACE

Lighthouse point

City & State  
Florida

Zip  
33064

Country  
US

4. Date Incorporated or Qualified  
To Do Business in Florida

04/02/1998

5. FEI Number

650824867

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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	BANKS, SCOTT A	11211 S MILITARY TR, #1912	BOYNTON BEACH FL 33436
owner 1/1/99	Banks Scott A	5130 NE 26 <sup>TH</sup> TERRACE	Lighthousept. 33064
			000003035470--8 -11/04/99--01085--007 *****150.00 *****150.00

8. Name and Address of Current Registered Agent

BANKS, SCOTT A  
11211-S MILITARY TR. #1912  
BOYNTON BEACH FL 33436

9. Name and Address of New Registered Agent

Name  
Scott Banks  
Street Address (P.O. Box Number is Not Acceptable)  
5130 NE 26<sup>TH</sup> Terr.  
Suite, Apt. #, Etc.

City  
Lighthouse point  
State  
FL  
Zip Code  
33064

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

Scott Banks

REGISTERED AGENT MUST SIGN

Date 10-20-99

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:

Scott Banks  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-20-99 (954) 5718272  
Date Daytime Phone #

CR2040 (8/99)