

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 JAN -5 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000035409

1. Corporation Name

SCANTLEBURY HOMES, INC.

Principal Place of Business

13716 YARMOUTH DRIVE
UNIT C
WELLINGTON FL 33414

Mailing Address

13716 YARMOUTH DRIVE
UNIT C
WELLINGTON FL 33414



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

4. Date Incorporated or Qualified
To Do Business in Florida

04/20/1998

Suite, Apt. #, etc.

1397 Riverside Cir

Suite, Apt. #, etc.

1397 Riverside Cir

City & State

Wellington FL

City & State

Wellington FL

Zip

33414

Country

USA

Zip

33414

Country

USA

5. FEI Number

65-0831463

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED I

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	SCANTLEBURY, THOMAS S	13716 YARMOUTH DR, UNIT C 1397 Riverside Cir	WELLINGTON FL 33414

200003096332--4

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****750.00 ****750.00

REINSTATEMENT 99 11 TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AMERILAWYER

343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

Spiegel & Utrera, P.A.

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

343 Almeria Avenue

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33134

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

By:

Spiegel & Utrera, P.A.
Natalia Utrera, Vice President

REQUIRED

Date

1/4/00

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:

Thomas S. Scantlebury, Thomas S. Scantlebury
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-99

Date

561-795-3863

Daytime Phone #