

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JAN -6 AM 11:52

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P98000052235

1. Corporation Name

WILLIAM SCOTT STEVENSON, INC.

Principal Place of Business

Mailing Address

9887 4TH STREET NORTH SUITE 315 SAINT PETERSBURG FL 33702

9887 4TH STREET NORTH SUITE 315 SAINT PETERSBURG FL 33702

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

2. New Principal Office Address, If Applicable

9104 KIRK HILL DR Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

9104 KIRK HILL DR Suite, Apt. #, etc.

REINSTATEMENT 02



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11/14/02--01001--021 \*\*758.75

4. Date Incorporated or Qualified To Do Business in Florida

06/11/1998

5. FEI Number

59-3508135

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

City & State RALEIGH, N.C.

Zip 27615 Country WAKE

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

Table with 4 columns: Time(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Row 1: PSTD, STEVENSON, WILLIAM S, 9887 4TH STREET NORTH, SAINT PETERSBURG FL 33702.

8. Name and Address of Current Registered Agent

STEVENSON, WILLIAM S 9887 4TH STREET N. #315 ST PETERSBURG FL 33702

9. Name and Address of New Registered Agent

Name ELAINE GAYLOR Street Address (P.O. Box Number is Not Acceptable) 2849 PADDOCK DR Suite, Apt. #, Etc.

City PALM HARBOR

State FL Zip Code 34684

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. or 617.0505, F.S.

Signature of Registered Agent

Handwritten signature of Elaine Gaylor

Date

12/20/02 10/31/02

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/31/02 919-414-3708

CR2E040 (8/02)