

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 OCT 23 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000078060

1. Corporation Name

Scooterbay Publishing, Inc.

400111189124
10/23/07--01013--014 **750.00

REINSTATEMENT

CR2E081 (1/07)

03-07

2. Principal Office Address - No P.O. Box #
6224 Raleigh Street

3. Mailing Office Address
2505 Anthem Village Drive

Suite, Apt. #, etc.
#812

Suite, Apt. #, etc.
#E619

City & State
Orlando, FL

City & State
Henderson, NV

Zip
32835

Country
U.S.A

Zip
89052

Country
U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida

9/4/1998

5. FEI Number

954727399

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
Reichert, Carlton R. ESQ.

Street Address (P.O. Box Number is Not Acceptable)
6224 Raleigh Street

Suite, Apt. #, Etc.
#812

City
Orlando

State
FL

Zip Code
32835

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

**DID NOT COME TO ORIGINAL
PO BOX 616277**

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. **ORL, FL 32861-6277**

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **9/26/07**

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
D. Director	Scott Reichert	6224 Raleigh Street, #812	Orlando, FL 32835

10. 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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCOTT REICHERT

9/26/07

**(702)
837-2734**

Date Daytime Phone #

10/24/07