

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 JAN 25 PM 3:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000023260

1. Corporation Name

SCOTT & SON ENGINEERING, INC.

2. Principal Office Address - No P.O. Box #

31800 SW 195TH AVENUE

Suite, Apt. #, etc.

City & State

HOMESTEAD, FL

Zip

33030

Country

MIAMI DADE

3. Mailing Office Address

31800 SW 195TH AVENUE

Suite, Apt. #, etc.

City & State

HOMESTEAD, FL

Zip

33030

Country

MIAMI DADE

4. Date Incorporated or Qualified  
To Do Business in Florida

03/12/1999

5. FEI Number

65-0897114

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

SOUTH FLORIDA TAX, INC.

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

5001 SOUTH UNIVERSITY DRIVE

Suite, Apt. #, Etc.

SUITE B

City

DAVIE

State

FL

Zip Code

33328

☒ 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.

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.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 01/13/2010

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
P/D	JOANNE SCOTT	31800 SW 195TH AVE	MIAMI, FL 33030
S/T/D	ROBERT SCOTT	31800 SW 195TH AVE	MIAMI, FL 33030

10. E-mail Address: GRANMASCOTT@AOL.COM

(To be used for future annual report notification)

11. I certify that I am an officer or director of 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. I further certify, 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:

JOANNE SCOTT

1/13/10

305-607-1199

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #