

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000056001

1. Corporation Name

J. BRENT SCOTT D.M.D. P.A.

2. Principal Office Address

6231 N Federal Hwy

Suite, Apt. #, etc.

Suite 109

City & State

Fort Lauderdale, FL

Zip

33308

Country

USA

3. Mailing Office Address

6231 N Federal Hwy

Suite, Apt. #, etc.

Suite 109

City & State

Fort Lauderdale, FL

Zip

33308

Country

USA

FILED

2006 JUN 20 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

06/21/1999

5. FEI Number

650941941

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

HIRSCH AND COMPANY CPA'S, INC.

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

175 W. CAMINO REAL

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33432

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

[Signature]

Date

6/7/06

REGISTERED AGENT MUST SIGN

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/S/T	John B Scott	6527-4 Bay Club Dr	Ft Lauderdale, FL 33308

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-15-06

Date

954 229-2424

Daytime Phone #

ppwz

J. BRENT SCOTT D.M.D. PA
6231 N FEDERAL HWY, SUITE 109
FORT LAUDERDALE, FL 33308
TEL: 954-229-2424 FAX: 954-229-2427

June 7, 2006

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: J. Brent Scott D.M.D. P.A #P99000056001

To Whom It May Concern:

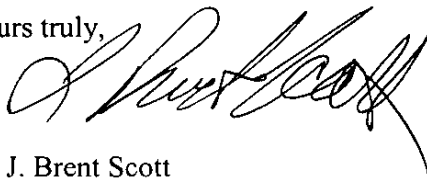
This letter represents a request to reinstate my company with the Division of Corporations, State of Florida.

It appears as though by changing our office address we did not receive the required applications to file in a timely manner. Enclosed please find a check for \$608.75 and the Corporation Reinstatement Form for 2003 through the current period.

We respectfully request a waiver of any late fees and will make every effort in the future to file in a timely manner.

Thank you for your consideration and prompt attention to this manner.

Yours truly,



Dr. J. Brent Scott