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## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPAR Katheri Secretar Division of C	FILED 02 FEB - 4 PM 2: 56					
DOCUMENT # P99000072426  1. Corporation Name  Scotylom Corp					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
	tylom corp		· · · · · · · · · · · · · · · · · · ·			a C		
`	al Office Address	3. Mailing Office Address 851 W The Suite, Apt. #, etc.	4. Date incom		SZUB A	fm		
Çity & State	<u> </u>	City & State	To Do Bus			U		
1	er, FL	Jupiter,	<b>5.</b> FEI Number 65−094		<del>                                      </del>	iied For——		
zip 33458	Country	Zip 33458	Country USA	6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status				
	<u> </u>	7. Name and	Address of Current Register	ed Agent				
•	Name Aldo A. Lombardo  Street Address (P.O. Box Number is Not Acceptable) 851 W. Indiantown Road  Suite, Apt #, Etc.  City Jupiter,  State Zip Code FL 33458							
8. I, being Signature o Registered	appointed the registered agent of the above Agent	GISTERED AGENT MUST		oligations of sections	on 607,050		CRZEGRI (9/01)	
9. Names	and Street Addresses of Each Officer and	or Director (Florida nonpro	ofit corporations must list at lea	ast 3 directors)	***************************************			
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip			
P,D .	Aldo A. Lombardo	851_1	W. Indiantown	_Road	Jupi	ter, FL 33458		
					اِمو:	00496151 02/20/02-0080: ****450.00 ****	B	
			1 .					
this rein	r that I am an officer or director or the receivenstatement application, the reason for dissony the corporation have been paid and the napplication is true and accurate, and my signature.	lution has been eliminated ames of individuals listed o	, the corporate name satisfies on this form do not qualify for a	the requirements on exemption und	of section	607.0401 or 617.0401, F.S., that	all fees	
SIGNA	TURE: SIGNATURE AND TYPED OR PRI	NTED NAME OF SIGNING OF	FICER OR DIRECTOR	. (	31/0	Daytime Phone is		

## Tom S. Thorsen, CPA, PA

Certified Public Accountant

ZalZ

321 Northlake Boulevard, Suite 101 North Palm Beach, FL 33408-5410

January 25, 2002

Telephone (561) 848-0050 Fax (561) 848-0051

Department of State Division of Corporations P O Box 6327 Tallahassee, FL 32314

Request reinstatement of the following two corporations, as indicated in the enclosed applications for reinstatement.

Scotylom Corp

P99000072426

Aldo A. Lombardo, M.D., P.A.

P97000022057

Also enclosed are two checks for \$450.00 each for years 2000, 2001, and 2002 for each of the corporations.

Request abatement of the \$600 reinstatement fee for each of the corporations.

Since the corporations were started the corporate address was 2151 Alternate A1A, Suite 650, Jupiter, FL 33477. However, in July of 2000, the offices of both corporations were moved to 851 W. Indian Road, Jupiter, FL 33458. Neither I, my staff, or the staff of the two corporations recall receiving the annual reports for year 2000, 2001, or 2002. We do not recall receiving any other notices either. Although both corporations moved, a proper forwarding notice was in place. Nevertheless, the annual reports or other notices have not been received. As accountants, we understand how important it is to maintain the corporation status by filing the annual report.

This year, before doing a corporate tax return, it is part of my process to see that each corporation paid its \$150 annual fee (or \$61.25 for a not for profit). If they did not, they are informed of the required corrective action. This year I checked all my corporation clients with your web site. It was my surprise that the above two corporations were listed as inactive.

In summary, request abatement of the \$600 reinstatement fee for each corporation.

Sincerely,

Tom S. Thorsen

Jan S. Show

Enclosures: