

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra A. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV 18 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S12680**

1. Corporation Name

SCOTT WARSHAW, INC.

Principal Place of Business

Mailing Address

500 PALM STREET
#23
WEST PALM BEACH FL 33401

500 PALM STREET
#23
WEST PALM BEACH FL 33401

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

11/13/1990

5. FEI Number

65-0228002

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	WARSHAW, ROBERT	4015 WASHINGTON RD	W PALM BCH FL
D	WARSHAW, ROBERT	4015 WASHINGTON ROAD	WEST PALM BCH FL

708802810977-8
-11/21/96--01033--018
***383.75 ***383.75

JB11-19-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WARSHAW, ROBERT
500 PALM ST
STE 23
W PALM BCH FL 33401

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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.

Signature of Registered Agent

Robert Warsaw

REGISTERED AGENT MUST SIGN

Date 11/16/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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:

Robert Warsaw

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/9/96

Date

361-832-4994

Daytime Phone

CR2040 (7/96)