

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FORM
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S44171

1. Corporation Name

SCOTTO ENTERPRISES, INC.

Principal Place of Business

3031 SW 38TH CT
MIAMI FL 33146
US

Mailing Address

3031 SW 38TH CT
MIAMI FL 33146
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/08/1991

SP

5. FEI Number

65-0320394

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PST	SCOTTO, THOMAS	3047 S.W. 38TH COURT	MIAMI FL 33146

100003256741-3
-05/18/00--01020--001
****900.00 ****900.00

8. Name and Address of Current Registered Agent

SCOTTO, THOMAS A
3031 SW 38TH CT
SUITE 1203
MIAMI FL 33146

9. Name and Address of New Registered Agent

Name

THOMAS A. SCOTTO

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

3031 S.W. 38TH CT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33146

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 4/19/00

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00 (305) 796-5026

Date

Daytime Phone #