

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S67576

1. Corporation Name

GREAT SCOTT SERVICES OF PALM BEACH CO.

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

6917 Vista Parkway

Suite, Apt. #, etc.

20

City & State

West Palm Beach

Zip

33411

Country

Palm Beach

3. Mailing Office Address

6917 Vista Parkway

Suite, Apt. #, etc.

20

City & State

West Palm Beach

Zip

33411

Country

Palm Beach

4. Date Incorporated or Qualified
To Do Business in Florida

07/19/1991

5. FEI Number

650278881

☐ 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

Michael J Posner, Esq.

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

4420 Beacon Circle

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33407

☒ 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

Date February 13, 2008

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
dp	Jeffrey Scott	6917 Vista Parkway, #20	West Palm Beach, FL 33411

REINSTATEMENT
05-08

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey Scott

Date

2/15/08

Daytime Phone #

561-686-8600

FILED

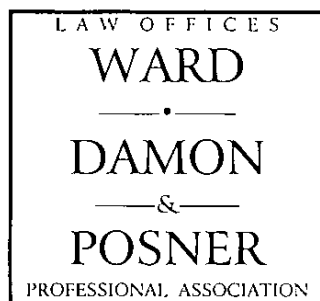
2008 FEB 22 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300119937159

03/11/08--01012--012 **450.00

CR2E081 (12/07)



Celebrating 20 Years

4420 BEACON CIRCLE
WEST PALM BEACH, FL 33407
Tel: (561) 842-3000
Fax: (561) 842-3626
www.warddamon.com

*Michael J Posner, Esquire
Board Certified Real Estate Attorney
mjposner@warddamon.com*

February 18, 2008

Via Federal Express

Florida Dept. of State
2661 Executive Center Circle
Tallahassee, FL32301

Re: Great Scott Services of Palm Beach County, Inc.
Document No. S67576

Dear Sir/Madam:

We represent Great Scott Services of Palm Beach County, Inc. regarding their corporate reinstatement. In connection therewith please find our client's application for corporation reinstatement as well as our trust account check in the sum of \$450.00 which represents the fees for reinstatement. Please note that our client apparently did not receive the notices for filing due to the wrong suite listed in the mailing address (its suite 20, not suite 2 as listed).

Please confirm that the corporation is now valid and in good standing and if you need any additional document please do not hesitate to contact us.

Very truly yours,

A handwritten signature in black ink, appearing to be "MJ Posner", written over a horizontal line.

Michael J Posner
For the Firm

MJP/cz
Encls.