

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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CORPORATION
REINSTATEMENT



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

DOCUMENT # P00000072645

1. Corporation Name
SCape Management, Inc.

2. Principal Office Address
206 Pine Cone Drive

Suite, Apt. #, etc.

City & State
Fort Walton Beach, FL

Zip Country
32548 USA

3. Mailing Office Address
206 Pine Cone Drive

Suite, Apt. #, etc.

City & State
Fort Walton Beach, FL

Zip Country
32548 USA

REINSTATEMENT B 01-02

4. Date Incorporated or Qualified
To Do Business in Florida
7-31-00

5. FEI Number
59-3705058
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
Daniel C. Perri

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

Suite, Apt. #, Etc.
Suite One

City
Shalimar

700004798627-1
-01/25/02--01076--009
****856.25 ****856.25

State Zip Code
FL 32579

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
D. C. Perri

Date 12-19-01

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 /D	Ted P. Scallan	206 Pine Cone Drive	Ft. Walton Beach, FL 32548

12/03/01 01007 001 \$43.75

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 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: Ted P. Scallan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ted P. Scallan

12/14/01 (850)864-1465
Date Daytime Phone #

CR2E081 (9/00)