

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 APR 30 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000027288

1. Corporation Name

SCG, Inc.

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

10721 NW 18th Court

Suite, Apt. #, etc.

City & State

Plantation, FL

Zip

33322

Country

USA

3. Mailing Office Address

10721 NW 18th Court

Suite, Apt. #, etc.

City & State

Plantation, FL

Zip

33322

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/07/03

5. FEI Number

731666355

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

Brian Lynn, CPA

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

2 South University Drive

Suite, Apt. #, Etc.

Suite 215

City

Plantation

State

FL

Zip Code

33324

☒ 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

Brian Lynn

Date 03/31/08

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
CEO	L. M. Briley	10721 NW 18th Court	Plantation, FL 33322

400127955104

05/01/08 01002-024 **450.00

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:

L. M. Briley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L. M. Briley

03/31/08

Date

954-474-2966

Daytime Phone #