

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 NOV 14 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000094552

1. Corporation Name
S & C ASSOCIATES GROUP,
CORP.

2. Principal Office Address - No P.O. Box # 3779 SW 135 AVE
3. Mailing Office Address SAME

Suite, Apt. #, etc.

City & State MIAMI, FL

Zip 33175 Country USA

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 205368732 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$0.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name OLGA SIMON
Street Address (P.O. Box Number is Not Acceptable) 3779 SW 135 AVE
Suite, Apt. #, Etc.
City MIAMI State FL Zip Code 33175

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 *Olga Simon* Date 11/13/07
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	OLGA SIMON	3779 SW 135 AVE	MIAMI FL 33175
VP	CARLOS L. RODRIGUEZ	3779 SW 135 AV	MIAMI FL 33175
			00112458581 11/20/07 01020 006 **150.00
REINSTATEMENT 2007			

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: *Olga Simon* Date 11/13/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

LAZARUS CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. S E C ASSOCIATES GROUP,
(Corporation Name) (Document #)
2. Corp.
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- Walk in Pick up time 2.06 Certified Copy
 Mail out Will wait Photocopy Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

OTHER FILINGS

- Annual Report
- Fictitious Name

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2007 NOV 14 AM 11:00
TO AVOID PENALTY
SUFFICIENCY OF FILING

Examiner's Initials