

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



**98-99 AR**

DEPARTMENT OF  
SANDWICH  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

FILED

07 JUL -4 PM 2:54

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

DOCUMENT # 509112

1. Corporation Name

SCS MANAGEMENT COMPANY INTERNATIONAL

Principal Place of Business

Mailing Address

C/O KANTOR, DAVIDOFF, WOLFE, ETAL  
51 EAST 42ND STREET  
NEW YORK NY 10017

C/O KANTOR, DAVIDOFF, WOLFE, ETAL  
51 EAST 42ND STREET  
NEW YORK NY 10017

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

2 New Principal Office Address, If Applicable

3 New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT**

**98-99**

4 Date Incorporated or Qualified To Do Business in Florida

07/02/1976

5 FEI Number

59-1725420

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	SANFORD, STEVEN	<del>10 EAST 67TH STREET, APT. 4E</del> 51 E 42 ST 17th Floor	NEW YORK NY <del>10021</del> 10017

100002903721--4  
-06/14/99--01016--020  
\*\*\*908.75 \*\*\*908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KASS, WILLIAM A  
150 PALMETTO PARK RD.  
NATIONSBANK TWR., SUITE 500  
BOCA RATON FL 33432

Steven Sanford  
4457 White  
cedar lane  
Delray Beach,  
FL 33445

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

REGISTERED AGENT MUST SIGN

Date

3/31/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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 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. and all taxes 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/99

212 662 4343