

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT -3 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F04 000004819

1. Corporation Name

S.C.S. of Kansas City, Inc.

2. Principal Office Address

11632 Grandview Road

Suite, Apt. #, etc.

City & State

Kansas City, MO

Zip

64137

Country

USA

3. Mailing Office Address

11632 Grandview Road

Suite, Apt. #, etc.

City & State

Kansas City

Zip

Country

REINSTATEMENT

05-06

4. Date Incorporated or Qualified
To Do Business in Florida

8/23/04

5. FEI Number

43-1703805

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Jeanine Reynolds
as its agent

Date 10-3-06

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/O	John W. Kumpfer, III	5327 W. 132nd Street	Overland Park, KS 66209
V/O	Kim M. Brooks	4600 W 65th Street	Prairie Village, KS 66208
T/O	Patrick M. Cahill	13921 Granada	Leawood, KS 66224
S/O	Stephen M. Draissey	7612 Sterling	Raytown, MO 64138
D	Carol A. Kumpfer	5327 W. 132nd Street	Overland Park, KS 66209

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

Patrick M. Cahill

Date

10/2/06

Daytime Phone #

816-763-6677