
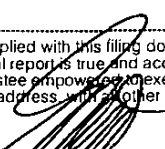


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F06000005340 1. Entity Name SCS AGENCY, INC.						<div style="font-size: 2em; font-weight: bold; margin-bottom: 5px;">FILED</div> <div style="font-size: 1.2em;">08 NOV -6 AM 9:39</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 11 GRACE AVE GREAT NECK, NY 11021				Mailing Address PO BOX 220493 GREAT NECK, NY 11021			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
				4. FEI Number 10292008 REIN-P CR2E098 (1/07) 13-2749098			
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HATCH, JOHN D ESQ 1267 BERKSHIRE LANE SUITE 200 TARPON SPRINGS, FL 34688				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DPT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<div style="font-size: 1.5em; font-weight: bold;">000137710010</div> <div style="font-size: 0.8em;">11/06/08--01033--004 **158.75</div>	
NAME	CHARLES, ANTHONY W		NAME				
STREET ADDRESS	115 MASON DRIVE		STREET ADDRESS				
CITY-ST-ZIP	MANHASSET, NY 11030		CITY-ST-ZIP				
TITLE	EVPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SMITH, GARY M		NAME				
STREET ADDRESS	2142 BELLEWOOD DRIVE		STREET ADDRESS				
CITY-ST-ZIP	MERRICK, NY 11566		CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SMITH, GARY M		NAME				
STREET ADDRESS	2142 BELLEWOOD DRIVE		STREET ADDRESS				
CITY-ST-ZIP	MERRICK, NY 11566		CITY-ST-ZIP				
TITLE	EVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHMER, MICHAEL J		NAME				
STREET ADDRESS	6 ESMOND AVE		STREET ADDRESS				
CITY-ST-ZIP	MELVILLE, NY 11747		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 				11/04/08 (516) 466-6007			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR GARY M. SMITH EVP				Date Daytime Phone #			