## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

**DIVISION OF CORPORATIONS** 

DOCUMENT #

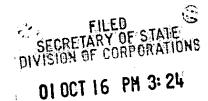
1. Corporation Name

SCRPROPERTIES.COM, INCORPORATED.

Principal Place of Business

Mailing Address

505 BARTOW ROAD LAKELAND FL 33801-5466 505 BARTOW ROAD LAKELAND FL 33801-5466



If above	addresses are	incorrect in any way, line th	rough incorrect i	nformation an	d enter correction below	REINIST	'ATEMENT	7)	1
New Principal Office Address, If Applicable 3. New Maili				ing Office Address, If Applicable		4. Date Incorp	porated or Qualified		
Suite, Apt. #, etc. Suite, Apt. #,				, etc.		To Do Business in Florida 08/20/1982			
City & State City & State						5. FEI Number App		Applied For	
City &			City & State			59-2219513			Not Applicable
Zip		Country	Zip		Country	CERTIFICAT	E OF STATUS DESIRED 🕍 S8	75 Addit for a Cert	ional Fee required ificate of Status
7. Names	and Street Ad	dresses of Each Officer and	/or Director (Flo	rida nonprofit	corporations must list at le	east 3 directors)			
Title(s) 1	Name of Officers and/or Directors			Street Address of Eac Officer and/or Director			City / State / Zip		
PVSD	SAMMONS, WILLIAM H			505 BARTOW ROAD			LAKELAND FL		
				*		00	0004654 -10/26/010 ****758.75	620 1032-	06 017
	:					· · · · · · · · · · · · · · · · · · ·	****758.75	****	758.75
,								•	
	8. Nam	e and Address of Current	Registered Age	nt		Name and Address of New Registered Agent			
CAMMO	ons, Williai	иш			Name				
	rtow roal			Street Address (P		(P.O. Box Number	is Not Acceptable)		
LAKELAND FL 33801-2466					Suite, Apt. #, Etc	Suite, Apt. #, Etc.			
					City State Zip Code FL 33801-54			ode 01-5466	
10. I. being	appointed the	registered agent of the abo	ve named corno	ration am fan	niliar with and accent the	obligations of Socti			

Signature of Registered Agen

REGISTERED AGENT MUST SIGN

Date Oct 15, 200/

11. 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 filling 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2+15,201