## 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# J88408

City-St-Zip:

ORLANDO, FL

FILED Oct 07, 2005 Secretary of State

Entity Nam	1e: SCAN CE	NTER, INC.			
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
% BERIT P 4307 E. CC ORLANDO	LONIAL DR.		% BERIT PRIMDAL 4309 E. COLONIAL ORLANDO, FL 328	DR.	
Current Ma	ailing Addres	s:	New Mailing Addre	New Mailing Address:	
% BERIT P 4307 E. CC ORLANDO	LONIAL DR.		% BERIT PRIMDAL 4309 E. COLONIAL ORLANDO, FL 328	DR.	
FEI Number:	59-2850333	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
PRIMDAL, BERIT 4307 E. COLONIAL DR. ORLANDO, FL 32803 US				PRIMDAL, BERIT 4309 E. COLONIAL DR. ORLANDO, FL 32803 US	
The above in the State		ubmits this statement for the pu	urpose of changing its registe	ered office or registered agent, or both,	
SIGNATUR	RE: BERIT PR	IMDAL		10/07/2005	
	Electroni	c Signature of Registered Ager	nt	Date	
		(2)(b), F.S., the corporation did not Trust Fund Contribution ( ).	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () PRIMDAL, BERI 4764 INDIAN GA ORLANDO, FL	· ·	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () PRIMDAL, AKSE 4764 INDIAN GA ORLANDO, FL	,	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	ST () FISHERS, GHITA 4764 INDIAN GA		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: GHITA MARIA FISHERS 10/07/2005 MS.