

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**04 JUL -8 AM 11:07**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L01000011494**

**1. Limited Liability Company's Name**  
SC Enterprises, LLC

**2. Principal Office Address**  
1125 12th Street

**3. Mailing Office Address**  
1125 12th Street

Suite, Apt. #, etc.  
Suite B

Suite, Apt. #, etc.  
Suite B

City & State  
Vero Beach, FL

City & State  
Vero Beach, FL

Zip Country  
32960 USA

Zip Country  
32960 USA

**4. State/Country of Formation**

**5. Date Organized or Qualified  
To Do Business in Florida**

**6. FEI Number** 20-0050172

Applied For  
Not Applicable

**7. CERTIFICATE OF STATUS DESIRED**

**\$5.00 Additional Fee required  
for a Certificate of Status**

**8. Name and Address of Current Registered Agent**

Name  
Cassara, Samuel

Street Address (P.O. Box Number is Not Acceptable)  
1125 12th Street

Suite, Apt. #, Etc.  
Suite B

City  
Vero Beach, FL

State Zip Code  
FL 32960

900038851849  
07/08/04--01005--004 \*\*105.00

**9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.**

Signature of Registered Agent \_\_\_\_\_  
REGISTERED AGENT MUST SIGN

Date \_\_\_\_\_

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Cassara, Samuel	1125 12th Street	Vero Beach, FL 32960

**11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager Samuel Cassara Date 6-30-04 Daytime Phone# 772-562-7441

Typed or printed name of signing Managing Member/Manager SAMUEL Cassara

CR2E041 (10/02)