PS 2 of 2

Division of Corporations

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LIMITED LIABILITY REINSTATEMENT

SC ENTERPRISES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$932.50

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TALLAHASSEE FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

PS 1 of 2

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TALLAHASSEE FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000020617

1. Limited Liability Company's Name
SC ENTERPRISES, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3217 S. Dale Mabry Highway	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, FL	City & State
Zip: 33629 Country: US	Zip Country

CR2E041 (1/14)

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business In Florida: 11/29/2001

6. FEI Number: 59-3759624 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a certificate of status

REINSTATEMENT 2011-2016

2/23/16

8. Name and Address of Current Registered Agent

Name: Steven James Antinori

Street Address (P.O. Box Number is Not Acceptable) Suite,
4908 St. Croix Drive

Apt. #, Etc.

City: Tampa State: FL Zip Code: 33629

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent _____ Date _____

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Steven James Antinori	4908 St. Croix Drive	Tampa, FL 33629

11. E-mail Address: _____
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member _____ Date 2-16-16 Daytime Phone # 813-835-0828

Typed or printed name of signing authorized representative/member Steven James Antinori