

L02000029315

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT -8 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400023645334
10/08/03---01040---007 **150.00

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000029315

1. Limited Liability Company's Name

SCAG, LLC

2. Principal Office Address

4130 East 16 Square

Suite, Apt. #, etc.

City & State

Vero Beach, FL

Zip 32967

Country

U.S.A.

3. Mailing Office Address

4130 East 16 Square

Suite, Apt. #, etc.

City & State

Vero Beach, FL

Zip 32967

Country

U.S.A.

4. State/Country of Formation

Florida, U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

11/1/02

6. FEI Number

02-0659609

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

Kevin Given

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

4130 East 16 Square

Suite, Apt. #, Etc.

City

Vero Beach

State

FL

Zip Code

32967

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

Kevin Given

REGISTERED AGENT MUST SIGN

Date 10/2/03

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
MGR	Kevin Given	4130 East 16 th Square	Vero Beach, FL 32967

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

Kevin Given

Date

10/2/03

Daytime Phone#

772 492 2020

Typed or printed name of signing Managing Member/Manager Kevin Given

CR2E041 (10/02)