

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

14 AUG 14 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

LO4000041769

1. Limited Liability Company's Name

SCAC INVESTMENTS, LLC

2. Principal Office Address - No P.O. Box #

141 NW MAGNOLIA LAKES BLVD.

Suite, Apt. #, etc.

3. Mailing Office Address

Same  
~~Port Saint Lucie, FL 34986~~

Suite, Apt. #, etc.

City & State

Port Saint Lucie FL

City & State

Port Saint Lucie

Zip

34986

Country

USA

Zip

34986

Country

USA

Bvd.

CR2E041 (1/14)

4. State/Country of Formation

FL Saint Lucie

5. Date Organized or Qualified  
To Do Business in Florida

10-10-2007

6. FEI Number

900 223761

☐ 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

Susan Cortese

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

141 NW Magnolia Lakes Blvd

Suite, Apt. #, Etc.

City

Port Saint Lucie

State

FL

Zip Code

34986

000263076110  
08/07/14--01028--013 \*\*798.75

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

Susan Cortese

Date 8-4-2014

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
MGRM	Susan Cortese	141 NW Magnolia Lakes Blvd	Port Saint Lucie, FL 34986
MGRM	Ann Cusa	123 Ocean Key Way	Jupiter FL

AUG 18 2014

L. SELLERS

REINSTATEMENT 2010-2014

11. E-mail Address: pgasue@aol.com

(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 requirements 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Susan Cortese

Date 8-4-2014

Daytime Phone # 772 475 5430

Typed or printed name of signing Authorized Representative/Manager