


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000067016
1. Limited Liability Company's Name
SCS OF SARASOTA, LLC

2. Principal Office Address - No P.O. Box # 141 Pond Cypress Road Suite, Apt. #, etc.		3. Mailing Office Address 1523 1st Avenue, West Suite, Apt. #, etc.	
City & State Venice, Florida		City & State Bradenton, FL	
Zip 34292	Country USA	Zip 34205	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 9-13-2004	
6. FEI Number 561708585	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name: Daniel Shulman

Street Address (P.O. Box Number is Not Acceptable): 7925 Keryn Hammock Court

Suite, Apt. #, Etc.

City Sarasota	State FL	Zip Code 34241
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E-mail Address:
tropicalandscape@verizon.net
(To be used for future annual report notices)

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: *[Signature]* Date: 1-14-2011
Daniel Shulman REGISTERED AGENT MUST SIGN

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	David J. Schroeders	6530 Wild Orchid Lane	Sarasota, FL 34241
MGR	Daniel Shulman	7925 Keryn Hammock Court	Sarasota, FL 34240

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. 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 Managing Member/Manager: *[Signature]* Date: 1-14-2011 Daytime Phone #: (941) 953-4555
Daniel Shulman

Typed or printed name of signing Managing Member/Manager

REINSTATEMENT 10,11