

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000117402

Entity Name: SCS LANDCORP, LLC

FILED
Aug 08, 2007
Secretary of State

Current Principal Place of Business:

509 W. COLONIAL DRIVE
ORLANDO, FL 32804 US

New Principal Place of Business:

Current Mailing Address:

509 W. COLONIAL DRIVE
ORLANDO, FL 32804 US

New Mailing Address:

FEI Number: 20-3916557 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SMITH, BARRY K
509 W. COLONIAL DR
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BARRY K SMITH

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SMITH, BARRY K
Address: 509 W. COLONIAL DR
City-St-Zip: ORLANDO, FL 32804 US

Title: MGRM () Delete
Name: SIDORSKY, ALLAN JR.
Address: 509 W. COLONIAL DR
City-St-Zip: ORLANDO, FL 32804 US

Title: MGRM () Delete
Name: RECKSIEDLER, CHRISTOPHER C
Address: 509 W. COLONIAL DR
City-St-Zip: ORLANDO, FL 32804 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: BARRY K SMITH

MGRM

08/08/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date