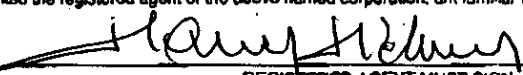
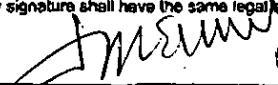


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS		02 DEC 23 PM 12:38 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # L39056					
1. Corporation Name SCSC, Inc.					
2. Principal Office Address 220 N Sykes Creek Pkwy Suite, Apt. #, etc. Suite 200 City & State Merritt Island, FL Zip 32953		3. Mailing Office Address 220 N Sykes Creek Pkwy Suite, Apt. #, etc. Suite 200 City & State Merritt Island, FL Zip 32953		4. Date Incorporated or Qualified To Do Business in Florida 12/22/1989 5. FEI Number 59-2999100 6. CERTIFICATE OF STATUS DESIRED ☐	
				Applied For Not Applicable \$2.75 Additional Fee required for Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Helmy, Hany F					
Street Address (P.O. Box Number is Not Acceptable) 270 N Sykes Creek Pkwy					
Suite, Apt. #, Etc.					
City Merritt Island				State FL	Zip Code 32953
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0603, F.S. Signature of Registered Agent:  Date: 12/18/02 REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
P	Helmy, Hany F	220 N Sykes Creek Pkwy, Ste 200	Merritt Island, FL 32953		
D	Greenspoon, Jeffrey M	220 N Sykes Creek Pkwy, Ste 200	Merritt Island, FL 32953		
D	Lombardo, Anthony M	220 N Sykes Creek Pkwy, Ste 200	Merritt Island, FL 32953		
D	El-Kommos, Hani	220 N Sykes Creek Pkwy, Ste 200	Merritt Island, FL 32953		
D	Gosselin, Richard A	220 N Sykes Creek Pkwy, Ste 200	Merritt Island, FL 32953		
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:  Date: 12/18/02 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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