
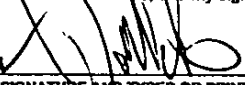


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 193000002007			
1. Corporation Name The South County Resource Center, Inc. 1162 Indian Hills Blvd Venice, FL 34293			
2. Principal Office Address - No P.O. Box # 1162 Indian Hills Blvd Suite, Apt. #, etc.		3. Mailing Office Address SAME Suite, Apt. #, etc.	
City & State Venice FL		City & State	
Zip 34293	Country	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 04/30/1993		5. FEI Number 65-0467265	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent Name: Robert L. Moore, Atty Street Address (P.O. Box Number is Not Acceptable) 287 South Nokomis Avenue Suite, Apt. #, Etc. Venice, FL 34285 City: State: FL Zip Code:			
<input type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.			
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent: Robert L. Moore Date: 8/29/08 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
PD	Rick Hamm	1162 Indian Hills Blvd	Venice, FL 34293
VPD	Robert Hebert	1162 Indian Hills Blvd	Venice, FL 34293
TD	Robert Ochs	1162 Indian Hills Blvd	Venice, FL 34293
SD	Sandi HAMM WALKER	1162 Indian Hills Blvd	Venice, FL 34293
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 contained in Chapter 119, 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		(Robert Ochs) Date: 9/1/08 Daytime Phone #: 941/371-2883	