PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED
01 NOV 26 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # SC Services & Associates, Inc.
P00000011610

1. Corporation Name

100004698221--0
-11/29/01--01046--012
****758.75 ****758.75

2. Principal Office Address	3. Mailing Office Address
Route 15, Box 3020	PO Box 3116
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake City, FL	City & State: Lake City, FL
Zip: 32024 Country: Columbia	Zip: 32056 Country: Columbia

4. Date Incorporated or Qualified To Do Business in Florida: 1/1/00

5. FEI Number: 59-3623302 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Richard R Bicknell
Street Address (P.O. Box Number is Not Acceptable): Rt. 15 Box 3020
Suite, Apt. #, Etc.:
City: Lake City State: FL Zip Code: 32024

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: [signature] Date: 11/21/01
REGISTERED AGENT MUST SIGN

CR2E086 (9/00)

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/T/S/V D/C/M	Richard R Bicknell	Rt 15 Box 3020	Lake City, FL 32024
D	Terri F Bicknell	Rt 15 Box 3020	Lake City, FL 32024
D	Dale C. Ferguson	100 West Madison St.	Lake City, FL 32055
D	Alvalene K. Bicknell	Rt 15, Box 3020	Lake City, FL 32024

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: [signature] 11/21/01 386-752-0068
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #