

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DIVISION OF CORPORATIONS

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DOCUMENT # P00000076442

1. Corporation Name

SCS International Investment Group, Inc.

2. Principal Office Address
1616 17th Street

Suite, Apt. #, etc.

Suite 382

City & State
Denver, CO

Zip Country
80202 USA

3. Mailing Office Address
1616 17th Street

Suite, Apt. #, etc.

Suite 382

City & State
Denver, CO

Zip Country
80202 USA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida 08/11/2000

5. FEI Number
59-3664693

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

State Zip Code
FL 33324

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

Connie Bryan

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date 12/15/04

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
Dir	David A. Makov	3 Keren Hayesod Street	Kfar Shmaryahu, Israel 46910
Pres	David A. Makov	3 Keren Hayesod Street	Kfar Shmaryahu, Israel 46910
VP	John Larson	4104 24th St., #570	San Francisco, CA 94112
Secy/T	Renee Marchese	333 Hayes St., Suite 202	San Francisco, CA 94112

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID MAKOV

Date

Daytime Phone #

CR2E081 (01/04)