

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

08 OCT 30 AM 10:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500137478245  
10/30/08--01024--008 \*\*750.00

REINSTATEMENT 05-08<sup>KS</sup>  
CR2E081 (12/07)

DOCUMENT # P00000076442

**1. Corporation Name**

SCS International Investment Group, Inc.

**2. Principal Office Address - No P.O. Box #**

1972 Columbine Ct.

Suite, Apt. #, etc.

City & State

Golden, CO

Zip

80401

Country

USA

**3. Mailing Office Address**

1656 Hawthorne St.

Suite, Apt. #, etc.

City & State

Houston, TX

Zip

77006

Country

USA

**4. Date incorporated or Qualified  
To Do Business in Florida**

August 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

Corporation Services Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

☒ 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

*Sonya L. Cordell*

Sonya L. Cordell  
Assistant VP

Date

9/2/08

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
V	Robert Pfaff	1972 Columbine Ct.	Golden, CO 80401
S.	John Larson	66 Leonard St. #5F	New York, NY 10013
P	David A. Makov	Kirkland/Ellis 153 E.53rd St.	New York, NY 10022
D	David A. Makov	Kirkland/Ellis 153 E. 53rd St.	New York, NY 10022

**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]*

Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/26/08 212-966-3203

Date

Daytime Phone #