PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC 24 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000027374

1. Corporation Name
S.C.B.C., INC.

REINSTATEMENT 03

800025756058
12/24/03--01040--009 **758.75

2. Principal Office Address	3. Mailing Office Address
600 South Dixie Highway	P.O. Box 350502
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hollywood, FL	City & State: Fort Lauderdale, FL
Zip: 33020 Country: USA	Zip: 33335 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 03/16/2001

5. FEI Number: 65-1086753 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑

7. Name and Address of Current Registered Agent

Name: Carlos M. Delgado

Street Address (P.O. Box Number is Not Acceptable): 600 South Dixie Highway

Suite, Apt. #, Etc.:

City: Hollywood | State: FL | Zip Code: 33020

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: Carlos M. Delgado — Date: 12/19/03
REGISTERED AGENT MUST SIGN

CR2E031 (10/02)

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	Stanley V. Orlansky	600 South Dixie Highway	Hollywood, FL 33020
STD	Carlos M. Delgado	600 South Dixie Highway	Hollywood, FL 33020

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: Carlos M. Delgado — Carlos M. Delgado — 12/19/03 — 954-923-9322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #