

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JAN -6 PM 5:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD1000050745

1. Corporation Name

SCS Construction of N. Fl. Inc.
North Florida

500026467305
01/08/04--01007--016 **908.75

REINSTATEMENT 03-04

2. Principal Office Address

4728 Bedford Rd.
Suite, Apt. #, etc.

3. Mailing Office Address

4728 Bedford Rd.
Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip Country

32207 Duval

Zip Country

32207 Duval

4. Date Incorporated or Qualified
To Do Business in Florida

5/14/2002

5. FEI Number

593717555

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 Scott Christopher Smith

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

4728 Bedford Rd.

Suite, Apt. #, Etc.

City Jacksonville

State
FL

Zip Code
32207

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

Scott C. Smith

REGISTERED AGENT MUST SIGN

Date 1/05/04

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
	<u>P. Scott C. Smith</u>	<u>4728 Bedford Rd.</u>	<u>Jax, FL. 32207</u>

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:

Scott C. Smith Scott C. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/05/04
Date

(904) 237-0072
Daytime Phone #

CR2E081 (10/02)