

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000050745

1. Entity Name
SCS CONSTRUCTION OF NORTH FLORIDA, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 23 PM 4:17

Principal Place of Business
4728 BEDFORD RD
JACKSONVILLE, FL 32207

Mailing Address
4728 BEDFORD RD
JACKSONVILLE, FL 32207

2. Principal Place of Business
10814 KURALEI DRIVE
Suite, Apt. #, etc.

3. Mailing Address
10814 KURALEI DRIVE
Suite, Apt. #, etc.

City & State
JACKSONVILLE, FL

City & State
JACKSONVILLE, FL

Zip Country
32246 USA

Zip Country
32246 USA

11152005 REIN-P CR2E098 (6/04)

4. FEI Number
59-3717555

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, SCOTT C
4728 BEDFORD RD
JACKSONVILLE, FL 32207

7. Name and Address of New Registered Agent

Name
SCOTT C. SMITH
Street Address (P.O. Box Number is Not Acceptable)
10814 KURALEI DRIVE
City JACKSONVILLE FL Zip Code 32246

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Scott C. Smith*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

11/21/05
DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME SMITH, SCOTT C
STREET ADDRESS 4728 BEDFORD RD
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDST ☒ Change ☐ Addition
NAME SCOTT C SMITH
STREET ADDRESS 10814 KURALEI DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32246

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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

Date 11/21/05 Daytime Phone # 11/23/05