


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 JUN 22 AM 3: 27

**CORPORATION REINSTATEMENT**  **FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** P03000088791  
**1. Corporation Name**  
SCS custom Builders Inc

<b>2. Principal Office Address - No P.O. Box #</b> 12385 83rd St Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 12385 83rd St Suite, Apt. #, etc.	
Fellsmere FL Zip 32948 Country U.S.A		Fellsmere FL Zip 32948 Country U.S.A	

**4. Date Incorporated or Qualified To Do Business in Florida** AUG 10 2007  
**5. FEI Number** 200120648  
 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** Steven C Steinke  
**Street Address (P.O. Box Number is Not Acceptable)** 12385 83rd St  
**Suite, Apt. #, Etc.**  
**City** Fellsmere **State** FL **Zip Code** 32948

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 807.0505 or 617.0503, F.S.**  
**Signature of Registered Agent** Steven C Steinke **Date** 06-05-09  
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
MR	Steven C Steinke	12385 83rd Street	FELLSMERE FL 32948

000156943830  
06/09/09--01002--021 \*\*150.00

**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:** Steven C Steinke **Date** 06-05-09 **Daytime Phone #** 772 5014000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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