

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000092811

1. Entity Name
SCP DIVERSIFIED, INC.



FILED
2007 JAN -2 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
498 RICKER AVENUE
SANTA ROSA BEACH, FL 32459

Mailing Address
PO BOX 2549
SANTA ROSA BEACH, FL 32459



2. Principal Place of Business

92 Carolyn Lane
Suite, Apt. #, etc.

3. Mailing Address

92 Carolyn Lane
Suite, Apt. #, etc.

12292006 REIN-P CR2E098 (11/05)

City & State

Santa Rosa Beach FL

City & State

Santa Rosa Beach FL

4. FEI Number

20-1279639

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

32459

Country

USA

Zip

32459

Country

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRAD CONGLETON CPA, INC.
50 UPTOWN GRAYTON CIRCLE
15
SANTA ROSA BEACH, FL 32459

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, 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
NAME PAQUETTE, SCOTT
STREET ADDRESS 498 RICKER AVENUE
CITY-ST-ZIP SANTA ROSA BEACH, FL 32459 ☒ Delete

TITLE VP
NAME CLARK, JIM M
STREET ADDRESS 498 RICKER AVENUE
CITY-ST-ZIP SANTA ROSA BEACH, FL 32459 ☐ Delete

TITLE VP
NAME SANDERS, DAVID
STREET ADDRESS 289 WILLIAMS ROAD
CITY-ST-ZIP SANTA ROSA BEACH, FL 32459 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
800082912318
01/02/07--01055--008 **150.00

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #