

Division of Corporations

Page 1 of 1

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000276279 3)))



H130002762793ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**CORPORATION REINSTATEMENT
SC & G INVESTORS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$750.00

DEC 17 2013

RECHUNT

R. HU

Electronic Filing Menu

Corporate Filing Menu

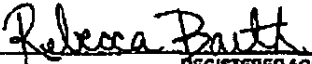
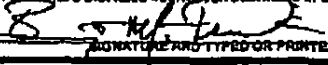
Help

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

13 DEC 17 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P05000099089					
1. Corporation Name SC & G INVESTORS, INC.					
2. Principal Office Address - No P.O. Box			3. Mailing Office Address		
3400 E. Lafayette			same as #2		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Detroit, MI					
Zip	Country	Zip	Country	4. Date incorporated or Qualified To Do Business in Florida	
48207				July 14, 2005	
5. FEI Number				Applied For	
20-3282678				NOT APPLICABLE	
6. CERTIFICATE OF STATUS DESIRED				\$3.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name CT CORPORATION SYSTEM					
Street Address (P.O. Box Number is Not Acceptable)					
1200 SOUTH PINE ISLAND ROAD					
Suite, Apt. #, etc.					
City				State	Zip Code
PLANTATION				FL	33324
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S.					
Signature of Registered Agent				Date	
				12/17/2013	
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
PTD	Richard T. Brockhaus	3400 E. Lafayette		Detroit, MI 48207	
VD	Edward R. Schonberg	3400 E. Lafayette		Detroit, MI 48207	
SD	Bryant M. Frank	3400 E. Lafayette		Detroit, MI 48207	
REINSTATEMENT					
DEC 17 2013					
R. HUNT					
10. E-mail Address: Michele.Walker@soave.com					
(To be used for future annual report notification)					
11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.617.155, F.S.					
SIGNATURE:				Bryant M. Frank, Secretary	
				12/17/2013 313-567-7000	