

**2009 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 13, 2009  
Secretary of State**

DOCUMENT# P07000076300

Entity Name: SC AND NC, INC.

**Current Principal Place of Business:**

4929 SW 17TH PLACE  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

**Current Mailing Address:**

SALVATORE CANALE  
1030 CARDINAL LANE  
MT. PROSPECT, IL 60056

**New Mailing Address:**

561 W. DIVERSEY PKWY ATTN: WALLY DUNN  
STE. 204  
CHICAGO, IL 60614

FEI Number: 26-0466681      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CANALE, SALVATORE  
4929 SW 17TH PLACE  
CAPE CORAL, FL 33914      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: SALVATORE CANALE

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( )

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: CANALE, SALVATORE  
Address: 4929 SW 17TH PLACE  
City-St-Zip: CAPE CORAL, FL 33914

Title: V      ( ) Delete  
Name: CANALE, NICOLETTA  
Address: 4929 SW 17TH PLACE  
City-St-Zip: CAPE CORAL, FL 33914

Title: S      ( ) Delete  
Name: CANALE, NICOLE  
Address: 4929 SW 17TH PLACE  
City-St-Zip: CAPE CORAL, FL 33914

Title: T      ( ) Delete  
Name: CANALE, VALERIE  
Address: 4929 SW 17TH PLACE  
City-St-Zip: CAPE CORAL, FL 33914

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SALVATORE CANALE

PRES

10/13/2009

Electronic Signature of Signing Officer or Director

Date