

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 98 REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000085491 (7)			
1. Corporation Name S.Q.C., INC.			
Principal Place of Business		Mailing Address	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable 928 JOSIANE COURT Suite, Apt. #, etc. 1001 City & State ALTAMONTE SPRINGS, FL Zip 32701 Country USA		3. New Mailing Office Address, If Applicable 3940 GOUROCK COURT Suite, Apt. #, etc. City & State APOPKA, FL Zip 32712 Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 12/10/93		5. FEI Number 59-3215395	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	STOUGHTON, RICHARD E.	3940 GOUROCK COURT	APOPKA, FL 32712
D	STOUGHTON, KAREN L.	3940 GOUROCK COURT	APOPKA, FL 32712
8000082945349--3 -07/30/99--01049--019 ****908.75 ****908.75			
8. Name and Address of Current Registered Agent MAGILL, PATRICK M. 2110 E. ROBINSON STREET ORLANDO, FL 32803		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent <i>[Signature]</i> Date 7-16-99 REGISTERED AGENT MUST SIGN			
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)			
12. 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 under section 119.07(3)(i), 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: RICHARD E. STOUGHTON, PRESIDENT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 7-16-99 407-260-6576 Date Daytime Phone #			

FILED
99 JUL 20 PM 6:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT **98-99** **SP**

CR2E081 (12/98)