

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000090756

1. Corporation Name

SEMCO HOLDINGS, INC.

2. Principal Office Address - No P.O. Box #

1325 MILLER ROAD

3. Mailing Office Address

PO BOX 26765

Suite, Apt. #, etc.

SUITE D

Suite, Apt. #, etc.

City & State

GREENVILLE, SC

City & State

GREENVILLE, SC

Zip

29607

Country

USA

Zip

29616

Country

USA

7. Name and Address of Current Registered Agent

Name
JAMES L. BOYETT

Street Address (P.O. Box Number is Not Acceptable)
1500 SAN REMO AVENUE

Suite, Apt. #, Etc.
SUITE 190

City
CORAL GABLES

State
FL

Zip Code
33146

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

James L. Boyett
REGISTERED AGENT MUST SIGN

Date 4/29/09

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
PRES	JAMES L. BOYETT	1325 MILLER ROAD, SUITE D	GREENVILLE, SC 29607

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:

James L. Boyett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES L. Boyett

Date

4/29/09

Daytime Phone #

(864) 675-0075

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAY -5 PM 2:48

200155464252
05/05/09--01040--003 **\$600.00

REINSTATEMENT 06-09

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
65-0560454

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

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.