## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 06 DEC 21 PM 12:01
DOCUMENT # P9600 1. Corporation Name  SCA POWER SY		SECRETARY OF STATE TALLAHASSEE, FLORIDA
JCA TOWER OF		$\mathcal{K}$
2. Principal Office Address 11640 - 1 CAMORN R		REINSTAREMENT 03-06
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida JAN. 31 1996
JACKSONVILLE, FL.	JACKSONVILLE, FL.	5. FEI Number Applied For S9-3352726 Not Applied be
32218 Country USA	32218 Country USA	CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
PAME GLENN H. TRCALEK		
Street Address (P.O. Box Number is Not Acceptable) 4889 JAYBIRD CIRCLE NORTH		
Suite, Apt. #, Etc.		
SACKSONVIL	LE	State Zip Code FL 32257
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 Date 12/19/2006  REGISTERED AGENT MUST SIGN		
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 Director	Street Address of Each	City / State / 7/p
pres. GLENN H. T	RCALEX 4889 JAYB	/
	CIRCLE NOR	1,2,000
		000082740780 12/22/0601029019 **450.00
	10/03	3/03 01008 020 \$75000
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 eccurate, and my signature shall have the same legal effect as if made under oath.  SIGNATURE:    2   9   9   9   9   9   9   9   9   9		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		