


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

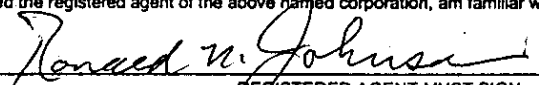
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CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000019786			
1. Corporation Name SCSP, INC.			
2. Principal Office Address 609 Yorkshire Dr. Suite, Apt. #, etc. City & State Flagler Beach, FL Zip 32136 Country US		3. Mailing Office Address 326 S. Grandview Ave. Suite, Apt. #, etc. City & State Daytona Beach, FL Zip 32118 Country US	

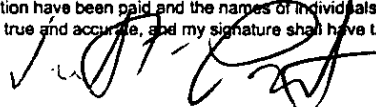
REINSTATEMENT 01-02

4. Date Incorporated or Qualified To Do Business in Florida 3/1/96	
5. FEI Number 593374847	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Ronald N. Johnson		
Street Address (P.O. Box Number is Not Acceptable) 326 South Grandview Avenue		
Suite, Apt. #, Etc.		
City Daytona Beach	State FL	Zip Code 32118

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 06/12/02
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 Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPT	Vincent T. Preston	609 Yorkshire Drive	Flagler Beach, FL32136
DVS	Susan S. Preston	609 Yorkshire Drive	Flagler Beach, FL32136

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 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: 	Vincent T. Preston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	(386) 517-6807
Date	Daytime Phone #

CR2E081 (9/01)