PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
03 JAN 17 AM 9:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000081597

1. Corporation Name
SCARBOROUGH CIVIL CORP.

700010199787
01/17/03--01060--015 **758.75
REINSTATEMENT 02

2. Principal Office Address	3. Mailing Office Address
6850 SR 544 E	PO BOX 266
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HAINES CITY, FL	City & State: EAGLE LAKE, FL
Zip: 33844 Country: USA	Zip: 33839 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 09/19/1997

5. FEI Number: 59-3470222 ☐ Applied For ☐ Not Applicable

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

SIGN HERE

7. Name and Address of Current Registered Agent

Name: SCARBOROUGH, EDMUND C.

Street Address (P.O. Box Number is Not Acceptable): 6850 SR 544 E

Suite, Apt. #, Etc.:

City: HAINES CITY State: FL Zip Code: 33844

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: [signature] Date: 1/13/03
REGISTERED AGENT MUST SIGN

CR2E081 (11/02)

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
PST	SCARBOROUGH, EDMUND C.	6850 SR 544 E	HAINES CITY, FL 33844

SIGN HERE

10. I certify that I am an officer or director of 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: [signature] Edmund C. Scarborough 1/13/03 863-421-7882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

jr 1/22