

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 10 PM 4:25

DOCUMENT # P98000031085

1. Corporation Name

SCT Internet, Inc.

REINSTATEMENT

99.00

AD

2. Principal Office Address

15199 U.S. Hwy 331 S.

Suite, Apt. #, etc.

Suite A

City & State

Freeport, FL 32439

Zip

32439

Country

USA

3. Mailing Office Address

15199 US Hwy 331 S.

Suite, Apt. #, etc.

Suite A

City & State

Freeport, FL

Zip

32439

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

April 3, 1998

5. FEI Number

59-3505833

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Vincent C. Wilder

Street Address (P.O. Box Number is Not Acceptable)

15199 US Hwy 331 South

Suite, Apt. #, Etc.

Suite A

City

Freeport

State

FL

Zip Code

32439

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

Vincent C. Wilder

Date

5-4-2000

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
President	Vincent C. Wilder	27 Andy Ave.	Freeport, FL 32439

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 C. Wilder 5/4/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-4-2000 850/835-5463

Daytime Phone #