

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

00 JUN 30 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P98000079328

1. Corporation Name

S C L Enterprises, Inc.

2. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

1007 Stucki Terrace

Suite, Apt. #, etc.

City & State

Winter Garden, Fl.

Zip

34787-4296

Country

U.S.A.

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

9-15-98

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

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-07/19/00--01053--005

******308.75 ****908.75**

7. Name and Address of Current Registered Agent

Name

Charlie Mae Wilder

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

1007 Stucki Terrace

Suite, Apt. #, Etc.

City

Winter Garden, FL

State
FL

Zip Code

34787-4296

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

Charlie Mae Wilder

Date

4/25/00

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
P/D	Sandra F. Drummer	508 Long Point Ct.	Chesapeake Va. 23322
D/M	Charlie Mae Wilder	1007 Stucki Terrace	Winter Garden, Fl. 34787
S/T	LaQuenta D. Drummer	1007 Stucki Terrace	Winter Garden, Fl. 34787
	Sawarke D. Wilder	1007 Stucki Terrace	Winter Gar Fl. 34787
REINSTATEMENT 99-00			

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:

Charlie Mae Wilder

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

Date

407 656-7200

Daytime Phone #

CR2E081 (9/99)