PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 OCT -8 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000086399

1. Corporation Name
SOUTH CENTRAL INVESTMENT CORPORATION

REINSTATEMENT 03-04

2. Principal Office Address	3. Mailing Office Address
1013 SW 49 AVENUE	1013 SW 49 AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MARGATE FLORIDA	City & State: MARGATE FLORIDA
Zip: 33068 County: BROWARD	Zip: 33068 County: BROWARD

4. Date Incorporated or Qualified To Do Business in Florida

6. FEI Number: 65-0866502 ☐ Applied For ☐ Not Applicable

5. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: NEWTON OLIVER SMITH

Street Address (P.O. Box Number is Not Acceptable): 1013 SW 49 AVENUE

300041721333
10/08/04--01052--004 **900.00

Suite, Apt. #, Etc.

City: MARGATE State: FL Zip Code: 33068

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: [signature] Date: 10/5/04
REGISTERED AGENT MUST SIGN

CR2E061 (01/04)

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
PD	SMITH, NEWTON	1013 SW 49 AVENUE	MARGATE FR 33068
VD	SMITH MARIA	1013 SW 49 AVE	MARGATE FR 33068

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] NEWTON SMITH 10/5/04 (954) 971-9655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #