

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 29 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000104062

1. Corporation Name

SC + Associates Investments, Inc.

700024250837
10/29/03--01041--011 **150.00

REINSTATEMENT 03

2. Principal Office Address

555 STATE ROAD 436

3. Mailing Office Address

Suite, Apt. #, etc.

STE 1001

Suite, Apt. #, etc.

City & State

FERN PARK, FL

City & State

Zip

32730

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/01/99

5. FEI Number

59-3612115

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

CINDY MAHER

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

480 EAGLE CIRCLE

Suite, Apt. #, Etc.

City

CASSELBERRY

State

FL

Zip Code

32707

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

REGISTERED AGENT MUST SIGN

Date

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	Maher, Cindy	480 Eagle Circle	Casselberry FL 32707
V	Maher, Jimmy L	1455 Lady Amy Dr.	Casselberry FL 32707
ST	Maher, James R	664 Field Club	Casselberry FL 32707
D	Maher, Joel	480 Eagle Circle	Casselberry FL 32707

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:


Cindy Maher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

gi 11/3

CR2E081 (1/02)

 JC & ASSOCIATES INVESTMENTS, INC.
555 STATE ROAD 436 #1001
CASSELBERRY, FL 32730

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

October 7, 2003

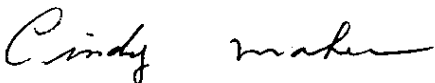
Dear Sir/Madam,

Re: JC & Associates Investments, Inc.
Document # P99000104062

This is to request a waiver of penalty associated with the filing of the 2003 Uniform Business Report as we do not have records of receiving the report. Please accept the enclosed check of \$150.00 to cover the 2003 report fee.

Thank you for your attention and assistance in this matter.

Yours truly,



Cindy Maher
President