

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

00 JUN 19 AM 10:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** *S432*

**1. Corporation Name**

Scottsdale Investment Group, Inc.

**2. Principal Office Address**

135 Pepper Lane  
Suite, Apt. #, etc.

City & State

Jensen Beach, FL

Zip

34957

Country

USA

**3. Mailing Office Address**

c/o Hazen Management  
Suite, Apt. #, etc.

1025 W. Everett Rd.

City & State

Lake Forest, IL

Zip

60045

Country

USA

**REINSTATEMENT**

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

4/8/1991

**5. FEI Number**

Not Applicable

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

William H. McEssy

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

2001 SE Sailfish Point Blvd.

Suite, Apt. #, Etc.

Suite #211

City

Stuart

State

FL

Zip Code

33494

**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

*William H. McEssy*  
REGISTERED AGENT MUST SIGN

Date *6-15-2000*

**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
PSD	William H. McEssy	2000 SE Sailfish Point Blvd. Suite #211	Stuart, FL 33494

**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:**

*William H. McEssy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*6-15-2000*

Date

Daytime Phone #

CR2E081 (9/99)