

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FOR REINSTATEMENT

FILED

02 OCT 28 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V32643

1. Corporation Name
S. C. L. & SON, INC.

Principal Place of Business Mailing Address
1490 LODGE TERRACE 1490 LODGE TERRACE
DELTONA FL 32738 DELTONA FL 32738



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable
1608 Newport Ave 1608 Newport Ave
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida 04/27/1992

City & State City & State
Deland FL Deland FL
Zip Country Zip Country
32724 USA 32724 USA

5. FEI Number 59-3122600 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PCEO	LOSO, STEVEN M.	1490 LODGE TERRACE	DELTONA FL
VT	LOSO, CAROL	1490 LODGE TERRACE	DELTONA FL

300008626463
10/28/02--01087--017 **150.00

Bill

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LOSO, STEVEN M.
1490 LODGE TERRACE
DELTONA FL 32738

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

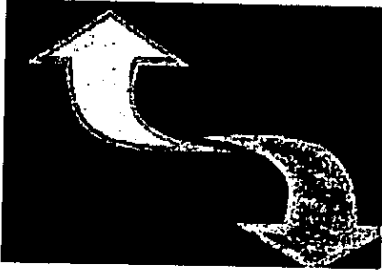
Signature of Registered Agent *Steven M. Loso* SIGNATURE REQUIRED REGISTERED AGENT MUST SIGN

Date 10-27-02

11. 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: *Steven M. Loso* SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

386-5773
736-5773
10-27-02 Date Daytime Phone #



SCL & Son Inc

1608 Newport Ave.
Deland, FL 32724

*Support Services for Environmental Test Chambers
Ovens & Furnaces "All Makes... All Models"*

PH: (386) 736-5773

FAX: (386) 736-8132

1-800-525-7460

E-MAIL - SCLSERVICE@mpinet.net

10/27/02

Florida Dept. of State
Div. of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To whom this concerns,

To my knowledge I did not received any uniform business report form for my corporation. I received the notice of dissolution. from the present occupant of the address on the letter otherwise I would not have received this either as the address is incorrect.

Had I received this form, the original charges for this would have been paid in full and on time.

Therefore I am forced now to submit a reinstatement form per your instruction.

If there are any other fees due please forward a reply stating this to the address above.

Thank you for your attention


Steven Loo

(Pres)