6/5/2017 Division of Corporations

# Florida Department of State

## Division of Corporations

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (512)418-6949
Fax Number : (954)208-0845

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address:_____

**LIMITED LIABILITY REINSTATEMENT**
**SCI AUSTIN LIGHTS-FOREST FUND, LLC**

| | |
|---|---|
| Certificate of Status | 0 |
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| Page Count | 02 |
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/14)

DOCUMENT # L03000039704

1. Limited Liability Company's Name
SCI AUSTIN LIGHTS-FOREST FUND, LLC

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 9841 Airport Boulevard | Same |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| Suite 1107 | |
| City & State | City & State |
| Los Angeles, CA | |
| Zip / Country | Zip / Country |
| 90045 / USA | |

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida
10/16/2003

6. FEI Number
20-0438392
☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City: PLANTATION | State: FL | Zip Code: 33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Stephanie Boehm, Assistant Secretary
REGISTERED AGENT MUST SIGN

Date: 06/05/2017

10. Names and Street Addresses of Authorized Representatives/Managers

| Titles | Name of Authorized Representatives/ Managers | Street Address of Each Authorized Representative/ Manager | City / State / Zip |
|---|---|---|---|
| MGR | SCI FUND MANAGER I, LLC | 9339 Genesee Ave, Suite 130 | San Diego, CA 92121 |
| | | | |
| | | | |
| | | | |
| | | | |

11. E-mail Address: CLS-AnnualReportFilingTeam@wolterskluwer.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager of the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.0112, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: [signature] Date: 06/01/17 Daytime Phone #: 858-242-1222

Typed or printed name of signing Authorized Representative/Manager: WILLIAM J. HOFFMAN, President of Manager