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Florida Department of State

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

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Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)205-8842
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LIMITED LIABILITY REINSTATEMENT
SCP 2003D-9 LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$1,903.75

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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 # M03000000497

1. Limited Liability Company's Name
SCP 2003D-9 LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
c/o Helmsley Enterprises Inc.,		c/o Helmsley Enterprises Inc.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 659		Suite 659	
City & State		City & State	
New York, NY		New York, NY	
Zip	Country	Zip	Country
10169	USA	10169	USA

4. State/Country of Formation
DELAWARE

5. Date Organized or Qualified To Do Business in Florida
02/10/2003

6. FEI Number
13-2725013
☐ 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	State	Zip Code
Plantation	FL	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 Leslie Martin Date 06/24/2016
REGISTERED AGENT MUST SIGN

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
AR	Harold Meriam	c/o Helmsley Enterprises Inc.	New York, NY 10169
		230 Park Avenue, Suite 659	

11. E-mail Address: hmeriam@helmsleyorg.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or 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 605.0012, 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 6/24/16 Daytime Phone # 212 953-4590

Typed or printed name of signing Authorized Representative/Manager Harold A. Meriam General Counsel

LE 6/24/16