

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

08 FEB 20 PM 12:09

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # L01000007852**

1. Limited Liability Company's Name

SCC Consulting Group, LLC

600117825666  
02/12/08--01013--011 \*\*1071.25

CR2E041 (12/07)

<b>2. Principal Office Address - No P.O. Box #</b> 200 E. Broward Blvd. Suite, Apt. #, etc. Suite 2100 City & State Fort Lauderdale, FL. Zip 33301		<b>3. Mailing Office Address</b> 200 E. Broward Blvd. Suite, Apt. #, etc. Suite 2100 City & State Fort Lauderdale, FL. Zip 33301	
Country Broward		Country Broward	

<b>4. State/Country of Formation</b> Florida	
<b>5. Date Organized or Qualified To Do Business in Florida</b> 05/17/2001	
<b>6. FEI Number</b>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

**8. Name and Address of Current Registered Agent**

<b>Name</b> Sidney Calloway			
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 200 E. Broward Blvd.			
<b>Suite, Apt. #, Etc.</b> Suite 2100			
<b>City</b> Fort Lauderdale	<b>State</b> FL	<b>Zip Code</b> 33301	

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 2/8/2008

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Sidney Calloway	200 E. Broward Blvd., Suite 2100	Fort Lauderdale, FL. 33301

REINSTATEMENT 02-08

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 608.406, 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.

Signature of  
Managing Member/Manager

Date 2/8/2008

Daytime Phone # 954 661-8540

Typed or printed name of signing Managing Member/Manager

Sidney C. Calloway