

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

09 DEC 29 AM 8:25

DOCUMENT # L02 000027697

1. Limited Liability Company's Name  
SCL Investments

REINSTATEMENT 2001-09 SCL

12/10/09--01032--004 \*\*\$660.00

200163503062

12/10/09--01032--004 \*\*\$660.00 ✓

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #  
2504 Hunters Run Way  
Suite, Apt. #, etc

3. Mailing Office Address  
2504 Hunters Run Way  
Suite, Apt. #, etc.

City & State  
WESTON FL

City & State  
WESTON FL

Zip Country  
33327 USA

Zip Country  
33327 USA

4. State/Country of Formation  
FL USA

5. Date Organized or Qualified To Do Business in Florida  
OCT 18 2002

6. FEI Number  
5623 09924

Applied For  
Not Applicable

7. CERTIFICATE OF STATUS DESIRED  \$6.00 Additional Fee required for a Certificate of Status

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.

8. Name and Address of Current Registered Agent

Name  
MARIA R. MILLARES  
Street Address (P O Box Number is Not Acceptable)  
500 So. DIXIE HWY  
Suite, Apt. #, Etc.  
201  
City  
CORAL GABLES State FL Zip Code 33146

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 Maria R. Millares Date \_\_\_\_\_  
REGISTERED AGENT MUST SIGN

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	LUIS ESTRADA	2504 Hunters Run Way	WESTON FL 33327
MGRM	MARIELA CASTILLO	2504 Hunters Run Way	WESTON FL 33327

11. E-mail Address: SCL.INV@GMAIL.COM  
(To be used for future annual report notifications)

12. 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 [Signature] Date 12/08/09 Daytime Phone # 954-675-5563

Typed or printed name of signing Managing member/Manager LUIS ESTRADA