

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2004 DEC 27 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000039704

1. Limited Liability Company's Name

SCI Forest Fund, LLC

2. Principal Office Address

11620 Wilshire Blvd.

Suite, Apt. #, etc.

Suite 300

City & State

Los Angeles, California

Zip 90025

Country USA

3. Mailing Office Address

11620 Wilshire Blvd.

Suite, Apt. #, etc.

Suite 300

City & State

Los Angeles, California

Zip 90025

Country 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

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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 DEC 17 2004

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
MGR	SCI Fund Manager, Inc.	11620 Wilshire Blvd., Suite 300	Los Angeles, CA 90025
			100042602861 12/29/04--01025--009 ***45.00
			REINSTATEMENT 2004
			100042602861 11/09/04--01060--001 ***105.00

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 OCT 25 2004 Daytime Phone # 310-470-2600

Typed or printed name of signing Managing Member/Manager SCI Fund Manager, Inc., Manager, By: Marc J. Paul, President

CR20041 (10/02)