

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 MAR 18 PM 4:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000007249

1. Limited Liability Company's Name

SCC 1, LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #

6810 International Center Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

6810 International Center Blvd.

Suite, Apt. #, etc.

City & State

Fort Myers, FL

City & State

Fort Myers, FL

Zip

33912

Country

USA

Zip

33912

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

January 27, 2004

6. FEI Number

20-2974257

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

Martin A. Redovan

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

6810 International Center Blvd.

Suite, Apt. #, Etc.

City

Fort Myers

State

FL

Zip Code

33912

☐ 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

Date March 13, 2007

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 |
|--------|--------------------------------------|---|---|
| | Schultz, Chaipel, Redovan, | 6810 International Center Blvd. | Fort Myers, FL 33912 |
| | Baker & Co., L.L.P. | | 000121254150 03/25/08--01056--011 **521.25 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

REINSTATEMENT

2006 2008

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 608.408, 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 March 13, 2008 Daytime Phone # (239) 226-9900

Typed or printed name of signing Managing Member/Manager Martin A. Redovan