

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

16 MAR 22 PM 3:20

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L05000003987

1. Limited Liability Company's Name

SCI Fund Polos South, LLC

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

9661 Wendover Dr.

Suite, Apt. #, etc.

City & State

Los Angeles, CA

Zip

90210

Country

USA

3. Mailing Office Address

9661 Wendover Dr.

Suite, Apt. #, etc.

City & State

Los Angeles, CA

Zip

90210

Country

USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

1/13/2005

6. FEI Number

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

Plantation

State

FL

Zip Code

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

Tristan Emrich

Tristan Emrich, Asst. Secretary

Date 03/22/2016

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
MGR	Mark Paul	9661 Wendover Dr.	Los Angeles, CA 90210
MGR	Robert Robotti	16474 Sunset Blvd.	Pacific Palisades, CA 90272

REINSTATEMENT

S. HAWKES

MAR 22 A.M.

EXAMINED

11. E-mail Address:

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager of the decedent 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. 817.165, F.S.

Signature of

Authorized Representative/Manager

Mark Paul

Date 3/21/2016

Daytime Phone # 310.738.8330

Typed or printed name of signing Authorized Representative/Manager **Mark Paul**

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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LIMITED LIABILITY REINSTATEMENT
SCI FUND POLOS SOUTH, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$798.75