

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

17 MAY 17 PM 4:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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CR2E041 (1/14)

DOCUMENT # L06000004342

1. Limited Liability Company's Name  
SCM Realty, L.L.C.

2. Principal Office Address - No P.O. Box #  
22-24 47TH STREET

Suite, Apt. #, etc.

City & State  
Astoria, NY

Zip Country  
11105 USA

3. Mailing Office Address  
22-24 47TH STREET

Suite, Apt. #, etc.

City & State  
Astoria, NY

Zip Country  
11105 USA

4. State/Country of Formation  
Florida

5. Date Organized or Qualified  
To Do Business in Florida January 12, 2006

6. FEI Number 20-4098861 ☐ 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  
John P. Martin

Street Address (P.O. Box Number is Not Acceptable) Suite.  
401 S. Lincoln Ave.

Apt. #, Etc.

City State Zip Code  
Clearwater FL 33756

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

REGISTERED AGENT MUST SIGN

Date April 26, 2017

10. Names and Street Addresses of Authorized Representatives/Managers

| Titles | Name of<br>Authorized Representatives/<br>Managers | Street Address of Each<br>Authorized Representative/<br>Manager | City / State / Zip |
|--------|--|---|--------------------|
| mgrm   | Salijh Subasic                                     | 22-24 47TH STREET   | Astoria, NY 11105  |
| mgr    | Cazim Subasic                                      | 22-24 47TH STREET   | Astoria, NY 11105  |
| mgr    | Musaja Hidrovic                                    | 22-24 47TH STREET   | Astoria, NY 11105  |
|        |  |   |                    |
|        |  |   |                    |
|        |  |   |                    |

11. E-mail Address: bsubasic14@gmail.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date April 26, 2017

Daytime Phone # 646 389 1200

Typed or printed name of signing authorized representative/member Salijh Subasic

MAY 10 2017