

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L11000060323

1. Limited Liability Company's Name  
SCG PINE MEADOW, LLC

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

8234 Boone Blvd

Suite, Apt. #, etc.

Ste 640,

City & State

Tysons VA

Zip

22182

Country

USA

3. Mailing Office Address

8234 Boone Blvd

Suite, Apt. #, etc.

Ste 640,

City & State

Tysons VA

Zip

22182

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

45-2648729

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

Capitol Corporate Services, Inc.

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

515 E. Park Avenue, 2nd Floor

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 605, F.S.

Signature of  
Registered Agent

*Taylor Seay*

Taylor Seay, as Asst. Secretary on behalf of  
Capitol Corporate Services, Inc.

Date 1/25/2023

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	Stephen P. Wilson	8245 Boone Blvd. Ste 640	Tysons, VA 22182

**REINSTATEMENT**

**REINSTATEMENT**

**R. HUNT**

11. E-mail Address

*msh@scgdevelopment.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

*[Signature]*

Date

*1/25/23*

Daytime Phone #

*732 540 3113*

Typed or printed name of signing authorized representative/member



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### Online Reinstatement Filing

#### Disclaimer



- This form reinstates a business entity that has been administratively dissolved or revoked.
- Any corporation, limited liability company, limited partnership or limited liability limited partnership whose status was administratively dissolved or revoked can submit an electronic reinstatement application.
- Review the [instructions for filing a reinstatement](#)
- Review and verify your information for accuracy. Once submitted, the reinstatement cannot be changed, removed, canceled or refunded.

- The entity is not eligible to file a reinstatement.

Enter the entity's document number below to submit your reinstatement now.

#### Document Number

L11000060323 17

**Note :** The first character of a 12-digit document number is a letter.

[Forgot Number?](#)