

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 SEP 11 AM 10:44

DOCUMENT #

M02000000939

1. Limited Liability Company's Name

SCP 2003D-16 LLC

2. Principal Office Address

c/o Marcus & Shapira LLP; Attn: Joseph Barnes

3. Mailing Office Address

Same as Principal Office Address

Suite, Apt. #, etc.

301 Grant St., Ste 3500

Suite, Apt. #, etc.

City & State

Pittsburgh, PA

City & State

Zip

15219

Country

USA

Zip

Country

CR2E041 (8/05)

4. State/Country of Formation  
DELAWARE

5. Date Organized or Qualified  
To Do Business in Florida 04/12/2002

6. FEI Number  
25-1575353

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

C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)  
1200 South Pine Island Road

REINSTATEMENT 04-06

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 608, F.S.

Signature of  
Registered Agent

Peter F. Souza

Assistant Secretary

Date

8/29/06

**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
M	Robert A. Kathary, Jr.	c/o Marcus & Shapira LLP; Attn: Joseph Barnes	
		301 Grant St., Ste 3500	Pittsburgh, PA 15219
M	Gary L. Miller	c/o Marcus & Shapira LLP; Attn: Joseph Barnes	
		301 Grant St., Ste 3500	Pittsburgh, PA 15219
			200079874472 09/19/06--01039--010 **250.00

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

8-30-06

Daytime Phone #

412-264-6400

Typed or printed name of signing Managing Member/Manager