PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JAN 27 PM 6:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M02000001038

1. Limited Liability Company's Name
SCP 2002E-5, LLC

9/26/03

BN

2. Principal Office Address	**3.** Mailing Office Address
66 Palmer Avenue	66 Palmer Avenue
Suite, Apt. #, etc.: Suite 43	Suite, Apt. #, etc.: Suite 43
City & State: Bronxville, New York	City & State: Bronxville, New York
Zip: 10708 Country: USA	Zip: 10708 Country: USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 4/23/2002

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: Fogel & Cohen, L.L.P.

Street Address (P.O. Box Number is Not Acceptable): 2500 N. Military Trail

Suite, Apt. #, Etc.: Suite 111

City: Boca Raton State: FL Zip Code: 33431

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: [signature] Date: 1/24/04
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
MGRM	Thomas E. Lasala	66 Palmer Avenue, Suite 43	Bronxville, New York 10708
	REINSTATEMENT 2003-2004		
			600027699526

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: X [signature] Date: 1/22/04 Daytime Phone #: 914/779-9600

Typed or printed name of signing Managing Member/Manager: Thomas E. LaSala

CORPORATION SERVICE COMPANY™

M02000001038

ACCOUNT NO. : 072100000032

REFERENCE : 412092 100198A

AUTHORIZATION : Patricia Pujats

COST LIMIT : $ 200.00

FILED
04 JAN 27 PM 6:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : January 27, 2004

ORDER TIME : 12:45 PM

ORDER NO. : 412092-005

CUSTOMER NO: 100198A

CUSTOMER: Henry M. Cooper, Esq
Fogel & Cohen Attorneys &
Suite 111
2500 N. Military Trail
Boca Raton, FL 33431

RECEIVED
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

REINSTATEMENT

H04A00005548

NAME: SCP 2002E-5, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS _____