

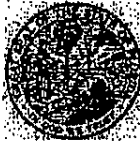
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 DEC 30 AM 10:48

SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # MC2000001169

1. Limited Liability Company's Name

SCP 2003C-3, LLC

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

900 Fort Street Mall

Suite, Apt. #, etc.

Suite 1725

City & State

Honolulu, HI

Zip

96813

Country

USA

3. Mailing Office Address

900 Fort Street Mall

Suite, Apt. #, etc.

Suite 1725

City & State

Honolulu, HI

Zip

96813

Country

USA

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

5/7/2002

6. FEI Number

03-0444558

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

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, do hereby certify that I understand the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Rebekah M. Madsen

Rebekah Madsen
Assistant Secretary

Date 12/11/08

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	Easton Manson	900 Fort Street Mall, #1725	Honolulu, HI 96813
Mgr	Suzan Kushiya	900 Fort Street Mall, #1725	Honolulu, HI 96813
Mgr	Lori Conte	3315 28th Street	Astoria, NY 11106

REINSTATEMENT 04-08

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12/30/08 01004 000 #133.75

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

Easton Manson

Date 12/18/08

Daytime Phone# (808) 599-8077

Typed or printed name of signing Managing Member/Manager Easton Manson