

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 DEC 30 AM 10:48

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CR2E041 (12/07)

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	
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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

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

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

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 accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Rebekah Mollodan 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 Kushiyama	900 Fort Street Mall, #1725	Honolulu, HI 96813
Mgr	Lori Conte	3315 28th Street	Astoria, NY 11106

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12/30/08 01004 000 #133.75

REINSTATEMENT 04-08

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