

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15 OCT 22 PM 4:13

DOCUMENT # M02000001169

1. Limited Liability Company's Name
SCP 2003C-3 LLC

2. Principal Office Address - No P.O. Box # 900 Fort Street Mall		3. Mailing Office Address 900 Fort Street Mall	
Suite, Apt. #, etc. Suite 1720		Suite, Apt. #, etc. Suite 1720	
City & State Honolulu, HI		City & State Honolulu, HI	
Zip 96813	Country USA	Zip 96813	Country USA

CR2E041 (1/14)

4. State/Country of Formation Delaware	
5. Date Organized or Qualified To Do Business in Florida 05/07/2002	
6. FEI Number 03-0444558	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent			
Name Corporation Service Company			
Street Address (P.O. Box Number is Not Acceptable) Suite 1201 Hays Street			
Apt. #, Etc.			
City Tallahassee	State FL	Zip Code 32301	

600278385686

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 	Courtney Williams Asst. Vice President	Date 10.22.15

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	Easton Manson	900 Fort Street Mall, Suite 1720	Honolulu, HI 96813
MGR	Lori Conti	3315 28th Street	Astoria, NY 11106
REINSTATEMENT			OCT 22 2015
			R. HUNT

11. E-mail Address:	(To be used for future annual report notifications)
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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 	Date 10/21/15	Daytime Phone # 808 599 5061
Typed or printed name of signing authorized representative/member EASTON MANSON		

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 841583 7270455

AUTHORIZATION :

COST LIMIT : \$ 238.75

ORDER DATE : October 22, 2015

ORDER TIME : 11:20 AM

ORDER NO. : 841583-005

CUSTOMER NO: 7270455

REINSTATEMENT

NAME: SCP 2003C-3 LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Courtney Williams

OCT 22 2015

EXAMINER'S INITIALS R. HUNT

RECEIVED
OCT 22 PM 3:04
SUFFOLK COUNTY, VA