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LIMITED LIABILITY REINSTATEMENT

SCP 2003D-13 LLC

Certificate of Status	1
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<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> <u>M02000001171</u>			
1. Limited Liability Company's Name  <b>SCP 2003D-13 LLC</b>			
<b>2. Principal Office Address - No P.O. Box #</b> c/o Joseph Baruch, Marcus & Shapira Suite, Apt. #, etc. One Oxford Ctr, 35th Floor City & State Pittsburgh, PA Zip 15219		<b>3. Mailing Office Address</b> Suite, Apt. #, etc. City & State Zip Country	
<b>4. State/Country of Formation</b> <b>DE</b>		<b>5. Date Organized or Qualified To Do Business in Florida</b> <u>5/7/02</u>	
<b>6. FBI Number</b> <u>010691299</u>		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$500 Additional Fee Required for a Certificate of Status			
<b>8. Name and Address of Current Registered Agent</b> Name <b>CT Corporation System</b> Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #, Etc. City Plantation State <b>FL</b> Zip Code <b>33324</b>			
<b>9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S.</b> Signature of Registered Agent <u>Chris McNear</u> Date <u>12/01/08</u> REGISTERED AGENT NOT SIGN <b>Assistant Secretary</b>			
<b>10. Names and Street Addresses of Managing Members/Managers</b>			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>MGR</u>	Robert A. Kathury, Jr.	401 East Las Olas Blvd, Ste 130-107	Ft. Lauderdale, FL 33301
<u>MGR</u>	Joseph E. Morando	2100 PPG Place	Pittsburgh Place, PA 15222
<u>MGR</u>	Donna R. Wuyzik	2100 PPG Place	Pittsburgh Place, PA 15222
<b>REINSTATEMENT 2004-08</b>			
<b>11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 606, P.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 606.406, 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.</b> Signature of Managing Member/Manager <u>Robert A. Kathury, Jr.</u> Date <u>12-4-08</u> Daytime Phone # _____ Typed or printed name of signing Managing Member/Manager <b>Robert A. Kathury, Jr., Manager</b>			

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