
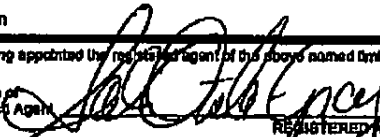
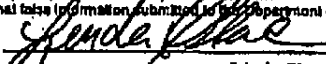


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M02000001171					
1. Limited Liability Company's Name SCP 2003D-13 LLC					
2. Principal Office Address - No P.O. Box # 550 Riverside Drive Suite, Apt. #, etc.		3. Mailing Office Address same Suite, Apt. #, etc.		4. State/Country of Formation Delaware/USA	
City & State Salisbury, MD		City & State		5. Date Organized or Qualified To Do Business in Florida May 7, 2002	
Zip 21801	Country USA	Zip	Country	6. FEI Number 01-0691299	Applied For Not Applicable
8. Name and Address of Current Registered Agent				7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>ESBI Available. Download at Florida Department of State</small>	
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		
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 		CALYVIA ARMENTA-GRAY SPECIAL ASSISTANT SECRETARY		Date 11/17/14	
REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Authorized Representatives/Managers					
Title	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager		City / State / Zip	
AR	Linda Slacum	550 Riverside Drive		Salisbury, MD 21801	
11. E-mail Address: <u>chris@crdlegal.com</u> <small>(To be used for future annual report notifications)</small>					
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 requirements of section 608.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.165, F.S.					
Signature of Authorized Representative/Manager 		Date 11/13/2014		Daytime Phone # 410-713-9070	
Typed or printed name of signing Authorized Representative/Manager <u>Linda Slacum</u>					

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT
SCP 2003D-13 LLC

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