PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 OCT 17 PM 4:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100060784131
10/19/05--01071--002 **250.00

DOCUMENT # M02000001521

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1. Limited Liability Company's Name
SCP2002E-6 LLC

2. Principal Office Address	3. Mailing Office Address
2700 Grand Avenue	2700 Grand Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bellmore, NY	City & State: Bellmore, NY
Zip: 11710 Country: USA	Zip: 11710 Country: USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 6/12/02

6. FEI Number: Applied For / X 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: NRAI Services, Inc.
Street Address (P.O. Box Number is Not Acceptable): 2731 Executive Park Drive
Suite, Apt. #, Etc.: Suite 4
City: Weston State: FL Zip Code: 33331

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: NRAI Services, Inc. Patricia M. Rice
REGISTERED AGENT MUST SIGN
Date: 10/11/05

CR2E041 (10/02)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
	SEE ATTACHED		

REINSTATEMENT 2003 2005

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: _____ Date: 10/11/05 Daytime Phone #: (212) 477-2700

Typed or printed name of signing Managing Member/Manager: Harold Thurman, Manager

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NAME OF LLC: SCP 2002E-6 LLC

ADDENDUM TO Florida Limited Liability Company Reinstatement

10. Names and Addresses of Managing Members/Managers of the LLC:

NAME	TITLE	BUSINESS/OFFICE ADDRESS
Harold Thurman	Regular Manager	2700 Grand Avenue Bellmore, NY 11710
Brad Thurman	Regular Manager	2700 Grand Avenue Bellmore, NY 11710
Patrick J. Consalvas	Regular Manager	184 East Main Street Babylon, NY 11702
Nicholas J. Boncardo	Regular Manager	538 Westchester Avenue Rye Brook, NY 10573
Willam Walzer	Independent Manager	666 Old Country Rd., Suite 900 Garden City, NY 11530

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