

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

**09 APR 23 AM 10:59**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # m02000001892**

**1. Limited Liability Company's Name**

**SCP 2002C-5 LLC**

**2. Principal Office Address - No P.O. Box #**

c/o Melohn Properties, Inc. 1995 Broadway

Suite, Apt. #, etc.

1995 Broadway

City & State

New York, New York

Zip

10023

Country

USA

**3. Mailing Office Address**

c/o Melohn Properties, Inc. 1995 Broadway

Suite, Apt. #, etc.

1995 Broadway

City & State

New York, New York

Zip

10023

Country

USA

**4. State/Country of Formation**

**5. Date Organized or Qualified**

To Do Business in Florida 07/19/2002

**6. FEI Number**

133873246

Applied For

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

National Corporate Research LTD, Inc.

Street Address (P.O. Box Number is Not Acceptable)

515 East Park Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

☒ 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, am familiar with and accept the obligations of Chapter 608, F.S.**

Signature of  
Registered Agent

*Kelly Goldsmith, Assistant Secretary*  
REGISTERED AGENT MUST SIGN

Date

April 9, 2009

**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
Manager	Alfons Melohn	1995 Broadway	New York, New York 10023
Manager	Leon Melohn	1995 Broadway	New York, New York 10023
Manager	Don Blumberg	Melohn Properties 1995 Broadway	New York, New York 10023

**REINSTATEMENT 04-09**

**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

Daytime Phone # 212 787 2500

Typed or printed name of signing Managing Member/Manager