

MO2000001893

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
OCT 18 PM 1:35

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **MO2000001893**

1. Limited Liability Company's Name

SCP 2002C-11 LLC

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200186788782
10/18/10--01023--002 **1210.00

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # c/o MPA, 175 Federal Street		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Boston, MA 02110		City & State	
Zip 02110	Country USA	Zip	Country

4. State/Country of Formation Delaware	
5. Date Organized or Qualified To Do Business in Florida 7/19/02	
6. FEI Number 01-0812474	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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

☐ 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 _____ Date **10/13/10**
REGISTERED AGENT MUST SIGN **Tiniesha Clark, Asst. Secretary**

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
MGR	Jeffrey J. Cohen	c/o MPA, 175 Federal Street	Boston, MA 02110
MGR	Freya Wolke	71 Oakdale Rd	Newton, MA 02461

REINSTATEMENT 2003-2010

11. E-mail Address: **gromano@metprop.com**

(To be used for future annual report notifications)

12. 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 **9/22/10** Daytime Phone # **(617) 603-7000**

Typed or printed name of signing Managing Member/Manager

JEFFREY J. COHEN