

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 12 AM 8:57

DOCUMENT # M02000002087

1. Limited Liability Company's Name

SCP 2002D-3 LLC

2. Principal Office Address

2700 GRAND AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

BELLMORE, NY

City & State

Zip

11710-3500

Country

Zip

Country

4. State/Country of Formation

DELAWARE

5. Date Organized or Qualified
To Do Business in Florida

08/10/2002

6. FEI Number

01-0621236

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

NRAI SERVICES, INC

800057766148

07/21/05--01078--001 **50.00

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

[Signature]
KAREL REDMAN

REGISTERED AGENT MUST SIGN

ASST. SEC

Date May 31, 2005

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	THURMAN, HAROLD	2700 GRAND AVENUE	BELLMORE, NY 11710-3500
MGR	THURMAN, BRAD	2700 GRAND AVENUE	BELLMORE, NY 11710-3500
MGR	CONSALVAS, PATRICK J	184 EAST MAIN STREET	BABYLON, NY 11702
MGR	BONCARDO, NICHOLAS	538 WESTCHESTER AVENUE	RYE BROOK, NY 10573
MGR	WALTER WLAZER, WILLIAM	666 OLD COUNTRY RD, STE 900	OLD WESTBURY, NY 11530

000056575720

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

[Signature]

Date

6/13/05

Daytime Phone #

516-783-6500

Typed or printed name of signing Managing Member/Manager

HAROLD THURMAN

CR2004 (10/02)

06/27/05 010.53 007 4200