PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED
05 FEB 14 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M03000003647

1. Limited Liability Company's Name

SCP 2003 D-GL-6 LLC

BK

2. Principal Office Address	**3.** Mailing Office Address
2925 Country Club Rd	2925 Country Club Rd.
Suite, Apt. #, etc.: Ste 101	Suite, Apt. #, etc.: Ste 101
City & State: Denton TX	City & State: Denton TX
Zip: 76210 Country: USA	Zip: 76210 Country: USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 10/30/03

6. FEI Number: 43-2033886 ☐ 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: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road 100045928798

Suite, Apt. #, Etc.: 02/21/05--01027--003 **200.00

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 608, F.S.

Signature of Registered Agent: Connie Bryan Special Asst. Sec. Date: 2-14-05
REGISTERED AGENT MUST SIGN

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.	Earl Herrington	2925 Country Club Rd, Ste 101	Denton TX 76210
		REINSTATEMENT 2004-2005	

CR2E041 (10/02)

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: Earl Herrington Date: 1/26/05 Daytime Phone#: 940/381-4923

Typed or printed name of signing Managing Member/Manager: Earl Herrington