

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M05000003822

1. Limited Liability Company's Name
SCP 2005B-C19-505 LLC

2. Principal Office Address - No P.O. Box #
2521 Fairmount St.

Suite, Apt. #, etc.

City & State
Dallas, TX

Zip
75201

Country
US

3. Mailing Office Address
2521 Fairmount St.

Suite, Apt. #, etc.

City & State
Dallas, TX

Zip
75201

Country
US

8. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable) Suite,
1200 South Pine Island Rd.

Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

9. I, being appointed the registered agent of the above named limited liability company, am a family member of the company as defined in Chapter 605, F.S.

Signature of
Registered Agent

Kimberly Baggett
REGISTERED AGENT MUST SIGN

Kimberly Baggett
Assistant Secretary

Date 4/25/17

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
President	Brett L. Landes	2521 Fairmount St.	Dallas, TX 75201
P/Treas	Catherine A. Wantuck	2521 Fairmount St.	Dallas, TX 75201

11. E-mail Address:

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Catherine A. Wantuck

Date 4/25/2017

Daytime Phone #

214-572-2020

Typed or printed name of signing authorized representative/member

Catherine A. Wantuck

17 MAY -2 AM 9:50

FILED
DATE: 04/25/2017

CR2E041 (1/14)

4. State/Country of Formation
Delaware

5. Date Organized or Qualified
To Do Business in Florida 7/12/2005

6. FEI Number
20-3145741

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a certificate of status

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