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
TALLAHASSEE, FLORIDA

13 JUN -3 PM 12:27

REINSTATEMENT 08-13

DOCUMENT # M05000004936

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04/03/13 01030 003 **932.50

CR2E041 (1/11)

1. Limited Liability Company's Name
SCP 2007-C27-010 LLC

W13 — 19755

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2 Ranch Drive	2 Ranch DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Novato, CA	City & State: Novato, CA
Zip: 94945 Country: United States	Zip: 94945 Country: United States

4. State/Country of Formation: DELAWARE

5. Date Organized or Qualified To Do Business In Florida:

6. FEI Number: ☐ 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: C T CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.:

City: PLANTATION State: FL Zip Code: 33324

E-mail Address: dan.morganpoperties@gmail.com
(To be used for future annual report notices)

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 3/29/13
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
Manager	Dan Morgan	2 Ranch Drive	Novato, CA 94945
			04/03/13--01030--003 **932.50

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. 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 Managing Member/Manager _____ Date 4/17/13 Daytime Phone # (415) 515-2179

Typed or printed name of signing Managing Member/Manager _____