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Florida Department of State
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To:
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Account Number : FCA000000023
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LIMITED LIABILITY REINSTATEMENT
SCP 2005-C21-507 LLC

Certificate of Status	0
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Page Count	02 3
Estimated Charge	$516.25

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M05000006708

1. Limited Liability Company's Name

SCF 2005-C21-507 LLC

CR3E041 (11/02)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3136 Greenbriar	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Dallas TX	City & State
Zip: 75225 County	Zip County

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 12-8-05

6. FEI Number: 20-3911889 (Applied For / Not Applicable)

7. CERTIFICATE OF STATUS DESIRED ☐

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

Suite, Apt. #, Etc.

City: Plantation State: FL Zip Code: 33324

☐ 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: Kimberly Bogatt Date: 4/6/10

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Greg Lowasz	3136 Greenbriar	Dallas TX 75225
MGR	Ann Lowasz	3136 Greenbriar	Dallas TX 75225
MGR	Jeff Mimms	900 Jackson St. Suite 560	Dallas TX 75202

11. E-mail Address: greg.lowasz@scpcapitalinc.com
(To be used for future annual report notification)

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 608.508, 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: 4-5-10 Daytime Phone # 214 572 2017

Typed or printed name of signing Managing Member/Manager

R.11/03 - 11/1/2004 CT System Online