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SECRETARY OF STATE
TALLAHASSEE FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M06-2170

1. Limited Liability Company's Name
SCI Northbay Commerce Fund 28, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
11620 Wilshire Boulevard		Same as #2	
Suite, Apt. #, etc. Suite 300		Suite, Apt. #, etc.	
City & State Los Angeles		City & State	
Zip CA	Country USA	Zip	Country

4. State/Country of Formation
Delaware

5. Date Organized or Qualified To Do Business in Florida 4/17/06

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
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 Connie Bryan — CONNIE BRYAN SPECIAL ASSISTANT SECRETARY — Date

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
MGRM	Anne Chung Young	2332 Skyline Drive	Milpitas, CA 95035

REINSTATEMENT 07

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 ________ Date 11-13-07 Daytime Phone # 408-727-3256

Typed or printed name of signing Managing Member/Manager Anne Chung Young

FL110 - 1/17/07 C T System Online

11/13/2007 15:35 FAX 002

11/14/2007 17:38 8502227615 CT CORP PAGE 02/02

Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

SCI NORTHBAY COMMERCE FUND 28, LLC

Certificate of Status	0
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