

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT
2013-2016

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # M06000003690

1. Limited Liability Company's Name
 SCP 2009-C34-505 LLC

CR2E041 (1/14)

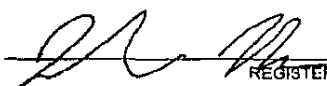
2. Principal Office Address - No P.O. Box # 2521 FAIRMOUNT ST.		3. Mailing Office Address 2521 FAIRMOUNT ST.		4. State/Country of Formation Delaware
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State DALLAS, TX		City & State DALLAS, TX		5. Date Organized or Qualified To Do Business in Florida 07/03/2006
Zip 75201	Country USA	Zip 75201	Country USA	6. FEI Number 87 0214911 ☐ 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
 PLANTATION

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent  Jordan Brown Assistant Secretary
 REGISTERED AGENT MUST SIGN

Date 08/02/2016

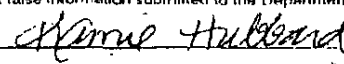
10. Names and Street Addresses of Authorized Representative/Managers

Title	Name of Authorized Representative/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	Kamie Hubbard	5150 S. 57th SW	Harper, UT. 84315
MGR	Rodene Hottfield	3618 Little rock dr.	Provo, UT. 84604

11. E-mail Address: kamiehubbard@gmail.com

(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 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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager  Date 8-15-16 Daytime Phone # 801 391-3123

Typed or printed name of signing Authorized Representative/Manager Kamie Hubbard

K. ASHTON

Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT
SCP 2009-C34-505 LLC

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