8/16/2016 4:41:45 PM From: To: 8506176384(2/2)

1 of 2

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
16 AUG 16 AM 8:58
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 #	3. Mailing Office Address
2521 FAIRMOUNT ST.	2521 FAIRMOUNT ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DALLAS, TX	City & State: DALLAS, TX
Zip: 75201 Country: USA	Zip: 75201 Country: USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 07/03/2006

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 FL 33324

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 Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Kamie Hubbard	5156s. 5725W	Hooper Ut. 84315
MGR	RaDene Hatfield	3618 Littlerock 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: Kamie Hubbard Date: 8-15-16 Daytime Phone #: 801 391-3123

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

K. ASHTON

252

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

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