

M08000001366

Florida Department of State
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To: Division of Corporations
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LIMITED LIABILITY REINSTATEMENT
SCP 2010-C35A-502 LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$377.50

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TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M08000001366
1. Limited Liability Company's Name
SCP 2010-C33A-302 LLC

2. Principal Office Address - No P.O. Box # 2521 Fairmount Street		3. Mailing Office Address 2521 Fairmount Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Dallas, Texas		City & State Dallas, Texas	
Zip 75201	Country Dallas	Zip 75201	Country Dallas

4. State/Country of Formation
Delaware

5. Date Organized or Qualified To Do Business in Florida
March 20, 2008

6. FEI Number
26-2201867

7. CERTIFICATE OF STATUS DESIRED 25.00 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.

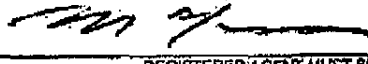
City
Plantation

State
FL

Zip Code
33324

E-mail Address:
sheryl.miller@landesgroup.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:  Michael Jones
Assistant Secretary Date 9/25/2012

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Member/Managers

Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Brett L. Landes	2521 Fairmount Street	Dallas, Texas 75201
MGR	Greg L. England	8353 Douglas Avenue, Suite 950	Dallas, Texas 75225
MGR	Jeffrey H. Mims	900 Jackson Street, Suite 560	Dallas, Texas 75202

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.817.168, F.S.

Signature of Managing Member/Manager:  Date 9-25-2012 Daytime Phone # 214 572-2020

Typed or printed name of signing Managing Member/Manager Brett L. Landes, Manager