

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

18 DEC -6 PM 3:00

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M08000001366**

1. Limited Liability Company's Name
SCP 2010-C35A-502 LLC

2. Principal Office Address - No P.O. Box # 545 E. John Carpenter Frwy,		3. Mailing Office Address 545 E. John Carpenter Frwy	
Suite, Apt. #, etc. Suite 1400		Suite, Apt. #, etc. Suite 1400	
City & State Irving, TX		City & State Irving, TX	
Zip 75062	Country USA	Zip 75062	Country USA

CR2E041 (1/11)

4. State/Country of Formation
DE

5. Date Organized or Qualified To Do Business in Florida **03/20/2008**

6. FEI Number 262201867	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
CORPORATION SERVICE COMPANY
Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET TALLAHASSEE, FL 32301
Suite, Apt. #, Etc.

City
TALLAHASSEE State **FL** Zip Code **32301**

E-mail Address:

000254489450

lkern@highgate.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 *Sue G. Knight* **Sue G. Knight**
Assistant Vice President Date **12-6-13**
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
MGR	Rick D. Whitworth	545 E. John Carpenter Frwy, Suite 140	Irving, TX 75062
MGR	Paul Womble	545 E. John Carpenter Frwy, Suite 140	Irving, TX 75062

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.817.155, F.S.

Signature of Managing Member/Manager *[Signature]* Date **12-5-2013** Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Re 12/6/13