PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
13 JUL -9 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

DOCUMENT # M08000004604

1. Limited Liability Company's Name
SCP 2010 C36-004 LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
28632 Roadside Dr.	Same
Suite, Apt. #, etc. 155	Suite, Apt. #, etc.
City & State Agoura Hills, CA	City & State
Zip 91301 / Country USA	Zip / Country

4. State/Country of Formation: DELAWARE

5. Date Organized or Qualified To Do Business in Florida: 10-14-2008

6. FEI Number: 95-4823849 ☐ 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
Street Address (P.O. Box Number Is Not Acceptable): 1200 South Pine Island Rd.
Suite, Apt. #, Etc.:
City: Plantation State: FL Zip Code: 33324

E-mail Address:
900249613869
07/09/13--01020--009 **382.50
JDAMATO@MILLERFAMILYCOS.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 See attached page for Signature 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
MGR	ANTHONY P. MILLER	28632 ROADSIDE DR. #155	AGOURA HILLS, CA 91301
MGR	ARLEN MILLER	28632 ROADSIDE DR #155	AGOURA HILLS, CA 91301
MGR	ROBERT S. SCHREIBER	28632 ROADSIDE DR. #155	AGOURA HILLS, CA 91301

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 6·25·13 Daytime Phone # 818-871-2900

Typed or printed name of signing Managing Member/Manager

GM221 . 160280124 X prd Lnx fsPorjof

TS 7/10/13

Pg 2 of 2

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MGR	ARLEN MILLER	28632 ROADSIDE DR #155	AGOURA HILLS, CA 91301
MGR	ROBERT S. SCHREIBER	28632 ROADSIDE DR. #155	AGOURA HILLS, CA 91301

COPY W/ Registered Agent's signature. (faxed)

11. I certify that I am managing member/manager of the receiver or trustee empowered to execute this application as provided [...] this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the [...] fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate [...] if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third [...]

Signature of Managing Member/Manager [signature] Date 6.25.13 Daytime Phone # 818-871-2900

Typed or printed name of signing Managing Member/Manager

GM21 - 180980124 X fed & Lrex l ePogof