

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

MO2000000267
24 JUL 29 PM 4:19
FILED
TALLHASSEE, FLORIDA
SECRETARY OF STATE

LIMITED LIABILITY COMPANY REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # **MO2000000267**
1. Limited Liability Company's Name
ING FINANCE LLC

2. Principal Office Address
1325 Avenue of the Americas
Suite, Apt. #, etc.
City & State
New York
Zip
10019
Country
U.S.

3. Mailing Office Address
same
Suite, Apt. #, etc.
City & State
Zip
Country

4. State/Country of Formation
DE

5. Date Organized or Qualified To Do Business in Florida
1/30/02

6. FEI Number
03-0375410
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
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32301

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 **Cynthia L. Harris** as its agent
Date **7/29/04**

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/MEMBER	ING Financial Holdings Corp.	1325 Avenue of the Americas	New York, NY 10019
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REINSTATEMENT 2003-2004
900039696169

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.

Signature of Managing Member/Manager **Patrick Murphy**
Date **7/27/04** Daytime Phone # **646 424-6241**

Typed or printed name of signing Managing Member/Manager **ING Financial Holdings Corporation (Patrick Murphy, Asst. Secretary)**

CR2E041 (10/02)



CORPORATION SERVICE COMPANY

M02000000267

ACCOUNT NO. : 072100000032

REFERENCE : 821767 4705901

AUTHORIZATION

COST LIMIT

Patricia Pizuto
\$ 200.00

ORDER DATE : July 26, 2004

ORDER TIME : 1:39 PM

ORDER NO. : 821767-080

CUSTOMER NO: 4705901

CUSTOMER: Patrick Murphy, Paralegal
Ing Financial Holdings
12th Floor
1325 Avenue Of The Americas
New York, NY 10019

FILED
04 JUL 29 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: ING FINANCE LLC

[Signature]

RECEIVED
04 JUL 29 PM 2:41
DIVISION OF CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman - Ext. 2908

EXAMINER'S INITIALS: _____