FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY -6 AM 7:31

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 03-04

DOCUMENT # P01000003713

1. Corporation Name
Distribution Funding II Inc.

2. Principal Office Address	3. Mailing Office Address
445 Broad Hollow Road	Attn.: Michelle Moezzi 445 Broad Hollow Road
Suite, Apt. #, etc. Suite 239	Suite, Apt. #, etc. Suite 239
City & State Melville, NY	City & State Melville, NY
Zip: 11747 Country: Suffolk	Zip: 11747 Country: Suffolk

4. Date Incorporated or Qualified To Do Business in Florida: 7/13/01

5. FEI Number: 22-3503156 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: LexisNexis Document Solutions Inc.

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

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: [signature] Secretary Date: 5/4/04

REGISTERED AGENT MUST SIGN

CR2E061 (10/02)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Director, Pres. & Treas.	Andrew L. Stidd	445 Broad Hollow Road, Suite 239	Melville, NY 11747
Director & V/P	Kevin P. Burns	445 Broad Hollow Road, Suite 239	Melville, NY 11747
Director & V/P	Bernard J. Angelo	445 Broad Hollow Road, Suite 239	Melville, NY 11747

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: [signature] Andrew L. Stidd, Director 5/4/04 212.302.5151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

5/7 AD

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Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
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MARCH

CORPORATION REINSTATEMENT

DISTRIBUTION FUNDING II INC.

Certificate of Status	0
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