2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F94000001994

Entity Name: LINDEN RFC MANAGEMENT CORPORATION

FILED Oct 09, 2007 Secretary of State

Current Principal Place of Business: 820 MORRIS TURNPIKE STE 102 SHORT HILLS, NJ 07078 Current Mailing Address: 820 MORRIS TURNPIKE STE 102 SHORT HILLS, NJ 07078 REI Number Rot Applicable () Certificate of Status Desired () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: Name and Address of New Registered Agent: Name and Address of Florida. SIGNATURE: MARK WILF File Coronic Signature of Registered Agent prior notice. SIGNATURE: In accordance with s. 607, 193(2)(b), F.S., the corporation did not receive the prior notice. SIGNATURE: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Address: City-St-Zip: MORRISTOWAN, NJ 07980 Address: City-St-Zip: MORRISTOWAN, NJ 07995 City-St-Zip: Title: V () Delete Title: Name: HALPERN, DAVID Address: City-St-Zip: Name: HALPERN, DAVID Address: City-St-Zip: Title: D () Delete Title: Name: HALPERN, DAVID Address: City-St-Zip: Title: D () Change () Addition Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: D () Delete Title: Name: Address: City-St-Zip: Title: D () Delete Title: D () Change () Addition Name: Address: City-St-Zip: Title: D () Delete Title: D () Change () Addition Name: Address: City-St-Zip: Title: D () Delete Title: D () Change () Addition Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: NewARK, DE 19711 City-St-Zip: Title: Name: City-St-Zip: Name: City-St-Zip: Name: City-St-Zip: Name: City-St-Zip: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: T							
STE 102 SHORT HILLS, NJ 07078 Current Mailing Address: 820 MORRIS TURNPIKE STE 102 SHORT HILLS, NJ 07078 FEI Number St. 102 SHORT HILLS, NJ 07078 FEI Number 22-3293846 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: WILF, MARK 3824 CYPRESS MEADOWS RD. TAMPA, FL 33624 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida. SIGNATURE: MARK WILF Electronic Signature of Registered Agent In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Electronic Compaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTO Title: PC () Delete Name: FEINSTEIN, NORMAN A NAME: Address: City-St-Zip: Title: () Change () Addition Name: Address: Of VivooDraRiosE Centre Drive, 6Th FLOOR Otty-St-Zip: Title: () Change () Addition Name: Address: Of VivooDraRiosE Centre Drive, 6Th FLOOR Otty-St-Zip: Title: () Change () Addition Name: Address: Office St-Zip: Title: () Change () Addition Name: Marme: Address: HOWARK, DE 19711 Title: D () Delete Name: PUGLISI, DONALD Name: PUGLISI, DONALD Name: PUGLISI, DONALD Name: Address: 1500 CASHO MILL ROAD, SUITE 3 City-St-Zip: Title: () Change () Addition Name: Address: 1500 CASHO MILL ROAD, SUITE 3 City-St-Zip: Title: () Change () Addition Name: Address: 1500 CASHO MILL ROAD, SUITE 3 City-St-Zip: Title: () Change () Addition Name: Address: 1500 CASHO MILL ROAD, SUITE 3 City-St-Zip: Title: () Change () Addition Name: Address: 1500 CASHO MILL ROAD, SUITE 3 City-St-Zip: Title: () Change () Addition Name: Address: CHAVKIN, ANDREW M Address: CHAVKIN, ANDR	Current Principal Place of Business:			New Principal Place	New Principal Place of Business:		
Current Mailing Address: 820 MORRIS TURNPIKE \$17E 102 \$HORT HILLS, NJ 07078 FEI Number: 22-3293846 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: WILE, MARK \$3824 CYPRESS MEADOWS RD. TAMPA, FL 33624 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida. \$SIGNATURE: MARK WILE Electronic Signature of Registered Agent Date In accordance with s. 607,193(2)(b), F.s., the corporation did not receive the prior notice. Bection Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTO Title: PC () Delete Title: () Change () Addition Name: FeINSTEIN, NORMAN A Name: Address: CIO THE MANAGEMENT CO 86 MAPLE AVE Address: CIO'THE MANAGEMENT CO 86 MAPLE AVE Address: OFFICERS AND DIRECTOR Name: Name: HALPERN, DAVID Name: Name: HALPERN, DAVID Name: Name: HALPERN, DAVID Name: Name: WOODBRIDGE CENTER DRIVE, 6TH FLOOR Name: Name: WOODBRIDGE CENTE		RIS TURNPIKE	.				
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ZYGMUNT WILF S 10/09/2007