

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**L02000022250**

APPLICATION OF REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
General Services  
Secretary of State  
DIVISION OF CORPORATIONS

04 FEB 16 AM 8:09

02/16/04

1. DOCUMENT # L02000022250

Name and Mailing Address

0000255 01 AV 0.278 \*\*AUTO T1 0 0615 33131-322499

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RCSB FUNDING, LLC  
1221 BRICKELL AVENUE, 21ST FL  
MIAMI FL 33131-3224



**REINSTATEMENT 2003-2004**

2. New Mailing Address <u>650 Madison Avenue</u>		4. State/Country of Formation <u>FL</u>	
City, State, Zip <u>New York, NY 10022</u>		5. Date Organized or Qualified To Do Business in Florida <u>08/28/2002</u>	
Principal Place of Business <u>1221 BRICKELL AVENUE, 21ST FL</u> <u>MIAMI FL 33131</u>	3. New Principal Place of Business Address  City, State, Zip	6. FEI Number <u>04-3715007</u>	Applied For <input type="checkbox"/> Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent  <u>LOUMIET, JUAN ESQ</u> <u>GREENBERG TRAUIG, P.A.</u> <u>1221 BRICKELL AVE., 21ST FL</u> <u>MIAMI FL 33131</u>	9. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <u>FL</u> Zip Code
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10. 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

**SIGNATURE REQUIRED**

Date 1/20/04

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Managing Member	<u>Jonathan D. Stern</u>	<u>18 East 70th Street</u> <u>9th Floor</u>	<u>New York, NY 10021</u>
			000025417200 12/11/03--01019--017 **150.00
			000025417200 02/19/04--01024--001 **50.00

**REINSTATEMENT 2003-2004**

12. 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

**SIGNATURE REQUIRED**

Date 1/14/03

Daytime Phone # 212-407-9181

Typed or printed name of signing Managing Member/Manager

Jonathan D. Stern

CR2E084 (7/03)