2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000095236

City-St-Zip: MIAMI, FL 33056

Entity Name: NATIONWIDE LENDING GROUP LLC

FILED Oct 17, 2006 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of Business: | |
|---|--|----------------------------------|---|---|
| 19315 NW MIAMI, FL | | | | |
| Current Mailing Address: | | | New Mailing Address: | |
| 19315 NW MIAMI, FL | | | | |
| FEI Number: | 20-3557530 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () |
| Name and Address of Current Registered Agent: | | | Name and Address of New Registered Agent: | |
| MERISER 19315 NW MIAMI, FL | | | | |
| | named entity of Florida. | submits this statement for the p | ourpose of changing its registe | red office or registered agent, or both |
| SIGNATUR | RE: CARLINI | E MERISIER OLIVIER | | |
| | Electro | nic Signature of Registered Age | ent | Date |
| MANAGING MEMBERS/MANAGERS: | | | ADDITIONS/CHANGES: | |
| Title: Name: Address: City-St-Zip: | MGRM (OLIVIER, CAR 19315 NW 19 MIAMI, FL 330 | ст. | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: Address: | MGRM (OLIVIER, DEX 19315 NW 19 | | Title: Name: Address: | () Change () Addition |

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CARLINE MERISIER MGRM 10/17/2006