

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L99000003123

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 12 PM 4:45

STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000003123

1. Limited Liability Company's Name

L.T. Funding LLC *9/29/00*

2. Principal Office Address

600 Mountain Ave

Suite, Apt. #, etc.

3C-515

City & State

Murray Hill, NJ

Zip

07974

Country

USA

3. Mailing Office Address

600 Mountain Ave

Suite, Apt. #, etc.

3C-515

City & State

Murray Hill, NJ

Zip

07974

Country

USA

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

6/1/99

6. FEI Number

51-0389742

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 Tays 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

Deborah D. Skipper

Deborah D. Skipper
Asst. V. Pres.

Date

11/12/03

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<i>Norm</i>	<i>Lucent Technologies Inc.</i>	<i>600 Mountain Ave</i>	<i>Murray Hill, NJ 07974</i>

REINSTATEMENT *2001-2003*

000024612750

(DK) (CUS)

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

Suzanne Franco

Date

11/11/03

Daytime Phone #

908-582-3336

Typed or printed name of signing Managing Member/Manager

Suzanne Franco, Assistant Secretary,

Lucent Technologies Inc., sole member

CR2ED041 (10/02)



L99000003123

CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 317932 7135160

AUTHORIZATION :

COST LIMIT : \$ 305.00

Patricia Pizutto

ORDER DATE : November 12, 2003

ORDER TIME : 12:09 PM

ORDER NO. : 317932-005

CUSTOMER NO: 7135160

CUSTOMER: Suzanne Franco
Lucent Technologies Inc.
600 Mountain Avenue
Room 3c515
Murray Hill, NJ 07974

bp

RECEIVED
03 NOV 12 PM 12:50
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

REINSTATEMENT

NAME: L.T.FUNDING LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

FILED
03 NOV 12 PM 4:46
TALLAHASSEE, FLORIDA

CONTACT PERSON: Susie Knight EX 1156
EXAMINER'S INITIALS _____