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SECRETED APPLICATION BEING COMPLETED FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE DIVISION OF CORPORATIONS

04 MAR 2004 PM 3:34

DOCUMENT # M00000000812

1. Limited Liability Company's Name  
Nassau Mortgage LLC

REINSTATEMENT 2001-2004 9/28/01

2. Principal Office Address  
41 University Drive  
Suite, Apt. #, etc.  
Suite 400  
City & State  
Newtown, PA  
Zip  
18940  
Country  
USA

3. Mailing Office Address  
41 University Drive  
Suite, Apt. #, etc.  
Suite 400  
City & State  
Newtown, PA  
Zip  
18940  
Country  
USA

4. State/Country of Formation  
Delaware

5. Date Organized or Qualified To Do Business in Florida  
4-26-00

6. FEI Number  
522218582  
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  
Edwin F. Blanton

Street Address (P.O. Box Number is Not Acceptable)  
825 Thomasville Road

Suite, Apt. #, Etc.

City  
Tallahassee

State  
FL

Zip Code  
32303

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  
[Signature]

Date  
3/5/04

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
MGR	Marion H Mathes	13 Governors Lane	Princeton, NJ 08540
MGR	Benjamin W. Navarro	1 Cove Landing	Old Saybrook, CT 06475
MGR	Brett Hildebrand	57 Halls Corners Rd	Dover Plains, NY 12522

REINSTATEMENT 2001-2004

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  
[Signature]

Date  
11-25-03

Daytime Phone #  
267-757 8754

Typed or printed name of signing Managing Member/Manager  
Marion H Mathes