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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/07)

DOCUMENT # M00000001966

1. Limited Liability Company's Name

ABAS Receivables Company, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
300 Madison Avenue	300 Madison Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New York	City & State: New York
Zip: 10017 Country: USA	Zip: 10017 Country: USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 09/21/2000

6. FEI Number: 22-3750029 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional [illegible]

8. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.

City: Plantation State: FL Zip Code: 33324

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: Juan Grajeda Assistant Secretary Date: 2/13/07

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Andris Anuzis	300 Madison Avenue	New York, NY 10017
MGR	Samuel P. Starr	1301 K Street, N.W.	Washington, DC 20005
MGR	Robert File	300 Madison Avenue	New York, NY 10017
MGR	Ellenore O'Hanrahan	300 Madison Avenue	New York, NY 10017
MGR	William D. Riedman	300 Madison Avenue	New York, NY 10017

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 608.408, 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: 2/9/07 Daytime Phone #: (646) 471-3000

Typed or printed name of signing Managing Member/Manager: Andris Anuzis

REINSTATEMENT 02-07

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TALLAHASSEE, FLORIDA

Florida Department of State

Division of Corporations
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ABAS RECEIVABLES COMPANY, LLC

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