9.26.03
300.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUN 21 AM 9:11

DOCUMENT # M01000000618

1. Limited Liability Company's Name

NCA FUNDING LLC

CR2E041 (8/05)

2. Principal Office Address		**3.** Mailing Office Address	
1280 W. Newport Center Dr.		1280 W. Newport Center Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Deerfield Beach, FL		Deerfield Beach, FL	
Zip	Country	Zip	Country
33442	U.S.A.	33442	U.S.A.

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 3/21/01

6. FEI Number: 65-1095700 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED [X] $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Sheila L. O'Boyle

Street Address (P.O. Box Number is Not Acceptable): 23 North Hidden Harbour Drive

Suite, Apt. #, Etc.:

City: Gulf Stream | State: FL | Zip Code: 33483

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: Sheila L. O'Boyle Date: 5/30/06

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
MGRM	Martin E. O'Boyle	1280 West Newport Center Dr.	Deerfield Beach, FL 33442
MGRM	8919 Forrest-English, Inc.	1280 West Newport Center Dr.	Deerfield Beach, FL 33442
		REINSTATEMENT @ 3-06	
		100076752901	
		06/30/06--01014--018 **205.00	

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: Date: 5/30/06 Daytime Phone # 954-360-7713

Typed or printed name of signing Managing Member/Manager: Martin E. O'Boyle