

09/26/2005 14:15 FTP

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09/26/2005 11:20 FTP

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M01000001379

1. Limited Liability Company's Name

R.E. Residential Bank LLC

2. Principal Office Address

825 Third Avenue

Suite, Apt. #, etc.

36th Floor

City & State

New York, New York

Zip

10022

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

13-4177590

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒SCS? (do not check unless prepared
to pay a fee for a certificate)

8. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Bay Street

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code

32301-2525

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S.

Signature of
Registered Agent*Laura R. Dunlap*

Laura R. Dunlap

REGISTERED AGENT MUST SIGN

as its agent

Date

9/26/05

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Man. Mem.	The Praedium Performance Fund IV, L.P.	825 Third Avenue, 36th Floor	New York, New York 10022

REINSTATEMENT 2005

R/K

11. I certify that I am managing member/manager of the receiver or trustee empowered to execute this application as provided for in chapter 606, 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 606.406, 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*Jeffrey Hertz*

Date 9/26/05

Daytime Phone # 212 224 5639

Typed or printed name of signing Managing Member/Manager Jeffrey Hertz, V.P. of Gen. Part. of Managing Member

05 SEP 26 AM 10:17
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600059963056

09/26/05 11:20



CORPORATION SERVICE COMPANY

M01000001379

ACCOUNT NO. : 072100000032

LIST

REFERENCE : 617395 4348715

AUTHORIZATION :

COST LIMIT : \$ 155.00

Patricia Pizutto

ORDER DATE : September 26, 2005

ORDER TIME : 3:0 PM

ORDER NO. : 617395-015

CUSTOMER NO: 4348715

CUSTOMER: Wayne M. Lopkin, Esq.
Wayne M. Lopkin LLC
Suite 1007
52 Vanderbilt Avenue
New York, NY 10017

NK

FILED
05 SEP 26 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

NAME: S.E. RESIDENTIAL EAST LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS _____

RECEIVED
05 SEP 26 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA