

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC 17 PM 12:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # M02000003174

Name and Mailing Address

0014820 01 AB 0.301 \*\*AUTO H5 0 0615 10018-650789

DSW LENDING, LLC  
520 8TH AVENUE 21ST FLOOR  
NEW YORK NY 10018-6507



2. New Mailing Address

City, State, Zip

Principal Place of Business

520-8TH AVENUE 21ST FLOOR  
NEW YORK NY 10018

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation  
NY

5. Date Organized or Qualified  
To Do Business in Florida

12/02/2002

6. FEI Number

11-3617838

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

NRAI SERVICES, INC.  
526 E PARK AVENUE  
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box) 000024865790  
11/20/03--01004--006 \*\*150.00

City

FL

Zip Code

10. 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

*Glenda E. Hood*

REGISTERED AGENT MUST SIGN

Date 12/17/03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	WERZ, JONATHAN DAVID	520 8TH AVENUE 21ST FLOOR 168 CRANBURY COURT	NEW YORK NY 10018 NEVILLE, NY 11747
MGRM	STARK, ROBERT	27 HAMLET DRIVE	PLAINVILLE, NY 11803
MGRM	DRAON, MARK	353 WEST 56TH ST	NEW YORK, NY 10018

REINSTATEMENT 2003

12. 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

*ROBERT STARK*

Date 11/15/02

Daytime Phone # 212-964-7438

Typed or printed name of signing Managing Member/Manager

ROBERT STARK