

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # *M95 000000299*

1. Limited Liability Company's Name

Singer Asset Finance Company, LLC

REINSTATEMENT 2000

2. Principal Office Address

3. Mailing Office Address

335 Madison Ave,

700 Banyan Trail

Suite, Apt. #, et.

Suite, Apt. #, etc.

25th Floor

200

City & State

City & State

New York, NY

Boca Raton FL

Zip

Country

Zip

Country

10017

USA

33431

USA

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

10/13/95

6. FEI Number

22-3399978

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

Brian Kleinberg

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

700 Banyan Trail, -

Suite, Apt. #, Etc.

Suite 200

City

Boca Raton

State

FL

Zip Code

33431

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

BK

Date

10/23/00

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
<i>mgr.</i>	<i>Brian Kleinberg</i>	<i>335 Madison Ave, 25th FL</i>	<i>New York, NY 10017</i>
<i>mgr.</i>	<i>Samuel Bergman</i>	<i>335 Madison Ave. 25th FL</i>	<i>New York, NY 10017</i>
<i>mgr.</i>	<i>Daniel Gross</i>	<i>335 Madison Ave. 25th FL</i>	<i>New York, NY 10017</i>

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

BK

Date

10/23/00

Daytime Phone #

212/984-1481

Typed or printed name of signing Managing Member/Manager

BRIAN KLEINBERG