

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JUN 26 AM 9:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY  
FLORIDA DEPARTMENT OF STATE  
REINSTATEMENT

DOCUMENT # M95000000299

1. Limited Liability Company's Name

Singer Asset Finance Company, L.L.C.

2. Principal Office Address

335 Madison Ave.

Suite, Apt. #, etc.

25th Floor

City & State

New York, NY

Zip

10017

Country

USA

3. Mailing Office Address

1601 Market Street

Suite, Apt. #, etc.

11th Floor

City & State

Philadelphia, PA

Zip

19103

Country

USA

4. State/Country of Formation

DE

5. Date Organized or Qualified  
To Do Business in Florida

10/13/1995

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

Howard Weinberger

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

2700 North Military Trail

Suite, Apt. #, Etc.

Suite 300

City

Boca Raton

500006156385

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\*\*\*\*200.00 \*\*\*\*200.00

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

*Howard Weinberger*

Date 5/28/02

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	Howard Yaruss	1601 Market Street 11th Floor	Philadelphia, PA 19103
MGR	Bob Quint	1601 Market Street 11th Floor	Philadelphia, PA 19103
MGR	Tim Hunter	1601 Market Street 11th Floor	Philadelphia, PA 19103
MGR	Bret Derman	335 Madison Ave. 25th Floor	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 608.406, 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 V. Radicioni*

Date 5/23/02

Daytime Phone # 215-564-6600

Typed or printed name of signing Managing Member/Manager Robert V. Radicioni

CR2E041 (9/01)