

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



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

DOCUMENT # M97000000850

1. Limited Liability Company's Name

*Pledged Property I LLC*

2. Principal Office Address

*335 Madison Avenue*

Suite, Apt. #, etc.

*26th Floor*

City & State

*New York, New York*

Zip

*10017*

Country

*U.S.A.*

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT**

Country of Formation  
*Delaware*

5. Date Organized or Qualified  
To Do Business in Florida

*12/15/97*

6. FEI Number  
*13-3897606*

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

*Corporation Service Company*

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

*1201 Hays Street*

Suite, Apt. #, Etc.

City

*Tallahassee*

State

*FL*

Zip Code

*32301*

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

*Marcus A. Walter*

REGISTERED AGENT MUST SIGN

Date

*11/23/99*

10. Names and Street Addresses of Managing Members/Managers

Titles

Name of  
Managing Members/Managers

Street Address of Each  
Managing Member/Manager

*Credit-Based Asset Servicing and Securitization LLC*

*335 Madison Avenue, 26th Floor*

*New York, New York 10017*

200003054062--7

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 re-statement 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

*Credit-Based Asset Servicing and Securitization LLC*  
*Robert L. Weinstein*

Date

*11/22/99*

Daytime Phone #

*212/850-7700*

Typed or printed name of signing Managing Member/Manager

**Credit-Based Asset Servicing and Securitization LLC**

**ROBERT L. WEINSTEIN**

CR2E041 (9/99)



THE UNITED STATES  
CORPORATION  
COMPANY

M970000000B50

2

ACCOUNT NO. : 072100000032

REFERENCE : 491209 5061080

AUTHORIZATION :

COST LIMIT : \$ 200.00

99 NOV 24 PM 3:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Patricia Pizant

ORDER DATE : November 23, 1999

ORDER TIME : 10:56 AM

ORDER NO. : 491209-010

CUSTOMER NO: 5061080

CUSTOMER: Ms. Maria D. Rodriguez  
C-BASS CREDIT-BASED ASSET  
C-BASS CREDIT-BASED ASSET  
335 Madison Avenue  
26th Fl  
New York, NY 10022

REINSTATEMENT FILING

NAME: PLEDGED PROPERTY I LLC

EFFECTIVE DATE:

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS:

RECEIVED  
99 NOV 24 PM 12:17  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
62-421