

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

00 SEP 11 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M98000000599

1. Limited Liability Company's Name

Wall Street Credit LLC

2. Principal Office Address

67 Wall Street

Suite, Apt. #, etc.

Suite 2211

City & State

New York N.Y.

Zip

10005

Country

USA
Manhattan

3. Mailing Office Address

67 Wall Street

Suite, Apt. #, etc.

Suite 2211

City & State

New York, N.Y.

Zip

10005

Country

USA
Manhattan

4. State/Country of Formation

DE, USA

**5. Date Organized or Qualified
To Do Business in Florida**

June 9 1998

6. FEI Number

13 397 3589

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

Steven R. Zoernack

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

1588 N. Casey Key Road

Suite, Apt. #, Etc.

City

Osprey

State

FL

Zip Code

34229

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

8/8/00

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
MAN Dir.	Steven R. Zoernack	1588 N. Casey Key Rd.	Osprey FL 34229

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

[Signature]

Date

8/8/00

Daytime Phone #

212 344 5550

Typed or printed name of signing Managing Member/Manager

Steven R. Zoernack