

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

M98000000599

FILED

02 DEC 16 AM 9:27

1. DOCUMENT # M98000000599

Name and Mailing Address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0008724 01 FP 0.352 **PRSR HB 0 0615 10005-310199



WALL STREET CREDIT LIMITED LIABILITY COMPANY
67 WALL STREET, STE 2211
NEW YORK NY 10005-3101



CR2E084 (8/02)

2. New Mailing Address

n/a
City, State, Zip

4. State/Country of Formation

DE

5. Date Organized or Qualified
To Do Business in Florida

06/10/1998

Principal Place of Business

67 WALL STREET, STE 2211
NEW YORK NY 10005

3. New Principal Place of Business Address

n/a
City, State, Zip

6. FEI Number

13-3973589

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

ZOERNACK, STEVEN R
1588 N. CASEY KEY RD
OSPREY FL 34229

9. Name and Address of New Registered Agent

Name Zoernack, Steven R.
Street Address (P.O. Box Number is Not Acceptable)
124 Sand Dollar Lane
City Sarasota FL Zip Code 34242

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

[Signature]

Date 12/12/02

REGISTERED AGENT MUST SIGN

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
MGR	ZOERNACK, STEVEN R	5022 WINDWARD AVE.	SARASOTA FL 34242

9000009527639
12/16/02--01083--008 **150.00

REINSTATEMENT 02
[Signature]

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

[Signature]

Date 12/12/02

Daytime Phone # 941 346 9511

Typed or printed name of signing Managing Member/Manager