

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

01 JAN 10 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

NA8000001343

1. Limited Liability Company's Name
National Realty Funding L.C.

REINSTATEMENT

2000-2001

2. Principal Office Address

911 Main

3. Mailing Office Address

911 Main

Suite, Apt. #, etc.

Suite 1500

Suite, Apt. # etc.

Suite 1500

City & State

Kansas City, MO

City & State

Kansas City, MO

Zip

64105

Country

USA

Zip

64105

Country

USA

4. State/Country of Formation

Missouri

5. Date Organized or Qualified
To Do Business in Florida

11/09/98

6. FEI Number

74-2820838

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

CT Corporation System

500003856045--9

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

1200 South Pine Island Road

-03/16/01--01059--032

****100.00 ****100.00

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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 January 9, 2001

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	Edward J. Burke	National Realty Funding L.C. 911 Main Street, Suite 1500	Kansas City, MO 64105
Mgr	Clay M. Sublett	National Realty Funding L.C. 911 Main Street, Suite 1500	Kansas City, MO 64105
Mgr	William M. Cody	Progressive Capital Management Corp. 3 Parklands Drive	Darien, CT 06820
Mgr	Howard Whitman	Prudential Securities Group, Inc. One New York Plaza, 18th Floor	New York, NY 10292-2018
Mgr	Barton J. Cohen	C3 Holdings, LLC 4520 Main Street, Suite 1600	Kansas City, MO 64111
			<u>500003856045--9</u> <u>-03/16/01--01059--033</u> <u>****100.00 ****100.00</u>

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 it made under oath.

Signature of
Managing Member/Manager

[Signature]

Date

12/28/00

Daytime Phone # 816/221-8800

Typed or printed name of signing Managing Member/Manager Edward J. Burke