

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUN 10 PM 2:55

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M09000002195 1. Limited Liability Company's Name StreetLinks National Appraisal Services, LLC			
2. Principal Office Address - No P.O. Box # 2114 Central Street Suite, Apt. #, etc. Suite 600 City & State Kansas City, MO Zip 64108		3. Mailing Office Address 2114 Central Street Suite, Apt. #, etc. Suite 600 City & State Kansas City, MO Zip 64108	
4. State/Country of Formation Indiana		5. Date Organized or Qualified To Do Business in Florida June 9, 2009	
6. FEI Number 76-0787617		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		E-mail Address: 500208718155 jconnely@novastarfinancial.com (To be used for future annual report notices)	
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 <i>Judith Reyes</i> Judith Reyes Asst. Secretary Date 6/7/11 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
MGRM	NovaStar Financial, Inc.	2114 Central Street, Suite 600	Kansas City, MO 64108
MGRM, COO	Steve Haslam	7551 S. Shelby Street	Indianapolis, IN 46227
MGRM, COO	Rodney Schwatken	2114 Central Street, Suite 600	Kansas City, MO 64108
MGRM, COO	Anthony Ebeyer	7551 S. Shelby Street	Indianapolis, IN 46227
REINSTATEMENT 2010-2011			
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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.			
Signature of Managing Member/Manager <i>Rodney B. Schwatken</i>		Date 06/07/2011 Daytime Phone # 816-237-7000	
Typed or printed name of signing Managing Member/Manager Rodney B. Schwatken			

CR2E041 (1/11)



CORPORATION SERVICE COMPANY

M09000002195

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ACCOUNT NO. : I20000000195

REFERENCE : 808700 7765548

AUTHORIZATION :

Lyndell

COST LIMIT : \$ 377.50

ORDER DATE : June 10, 2011

ORDER TIME : 12:52 PM

ORDER NO. : 808700-005

CUSTOMER NO: 7765548

File 1ST

REINSTATEMENT

NAME: STREETLINKS NATIONAL
APPRAISAL SERVICES, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XXX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Matthew Young

EXAMINER'S INITIALS

BK

RECEIVED
11 JUN 10 PM 1:42
DIVISION OF CORPORATIONS
1111 JEFFERSON ST
ANN ARBOR MI 48103