L02000008664

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 NOV -2 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000008664

1. Limited Liability Company's Name
HAMILTON Home MORTGAGE LLC

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2. Principal Office Address	3. Mailing Office Address
129 A VAN BUREN ST	129 A - VAN BUREN STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WOODSTOCK IL	City & State: WOODSTOCK, IL
Zip: 60098 Country: USA	Zip: 60098 Country: USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 4/11/02

6. FEI Number: 010709571 ☐ 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: _____ REGISTERED AGENT MUST SIGN

Jeanine Reynolds as its agent Date: 11-2-04

CR2EC41 (10/02)

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	HAMILTON Home Mortgage Corp	129 A - VAN BUREN ST	WOODSTOCK IL 60098
			000042408590
	REINSTATEMENT 2004		
		BK	

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: _____ Date: 11/2/04 Daytime Phone #: 815 338-1236

Typed or printed name of signing Managing Member/Manager: Thomas S. ZAHARAKOS President HAMILTON Hm MTG.

CSC

CORPORATION SERVICE COMPANY

L02000008664

ACCOUNT NO. : 072100000032

REFERENCE : 952602 7332612

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 150.00

ORDER DATE : November 2, 2004

ORDER TIME : 1:07 PM

ORDER NO. : 952602-005

CUSTOMER NO: 7332612

CUSTOMER: Mr. Tom Zaharakis
Hamilton Home Mortgage Llc
129 Van Buren

Woodstock, IL 60098

BK

DOMESTIC FILINGS

NAME: HAMILTON HOME MORTGAGE LLC

RECEIVED
04 NOV -2 PM 3:03
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman

EXAMINER'S INITIALS _____