SEP. 23. 2005 9:41AM NO. 620 P. 2

SEP. 19. 2005 12:50PM NO. 495 P. 3

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

H05000222769 3

DOCUMENT # L04000081698

1. Entity Name
NATIONAL REAL ESTATE PROCESSING SERVICES, L.L.C.

Principal Place of Business	Mailing Address
2950 CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309 US	2950 CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309 US
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

00182005 REIN-LLC CR2E101 (6/04)

4. FEI Number 20-1869563 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
WEINBERG, STEVEN A
7805 S.W. 8TH COURT
PLANTATION, FL 33324

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Steven A. Weinberg 9/19/05
SIGNATURE, TYPED OR PRINTED NAME OF REGISTERED AGENT AND TITLE IF APPLICABLE — DATE

FILE NOW!!! FEE IS $100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ENDE, JOSEPH 2950 CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

FILED 2005 SEP 19 2:50 SECRETARY OF STATE TALLAHASSEE FLORIDA

REINSTATEMENT 04.05 dcc

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature], MGRM 9/19/05 (561) 988-1122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

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Florida Department of State
Division of Corporations
Public Access System

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9/20 Received fax date 9/19/05

To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : FRANK, WEINBERG, BLACK, P.L.
Account Number : I20040000083
Phone : (954)474-8000
Fax Number : (954)474-9850

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TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT

NATIONAL MORTGAGE PROVIDERS, L.L.C.

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