Florida Department of State

Division of Corporations

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LIMITED LIABILITY REINSTATEMENT
MARKETPLACE HOME MORTGAGE, LLC

Certificate of Status	0
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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L08 0001 00904

1. Limited Liability Company's Name
Marketplace Home Mortgage, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
7380 France Avenue S	7380 France Avenue S.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 200	Suite 200
City & State	City & State
Edina, MN	Edina, MN
Zip / Country	Zip / Country
55435 / USA	55435 / USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 11/01/2008

6. FEI Number: 41-1842999 ☐ 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

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

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 605, F.S.

Signature of Registered Agent: CHRIS RICKARD Date: 11-03-2016

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AR	Keith A. White, Managing Member	7380 France Avenue S., Suite 200	Edina, MN 55435
AR	Michael J. Beerling, CFO	7380 France Avenue S., Suite 200	Edina, MN 55435
			S. HAWKES
	REINSTATEMENT		NOV - 4 A.M.
	2016		EXAMINER

11. E-mail Address: croyal@marketplacehome.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: _____ Date: 11/2/2016 Daytime Phone #: 952-837-3366

Typed or printed name of signing Authorized Representative/Manager: Keith A. White, Managing Member