FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAR -7 PM 2:17

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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CR2E041 (05/10)

DOCUMENT # M07000004972

1. Limited Liability Company's Name

American Home Realty Network, LLC

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2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
222 7th St	222 7th St.
Suite, Apt. #, etc.: 2nd Floor	Suite, Apt. #, etc.: 2nd Floor
City & State: San Francisco, CA	City & State: San Francisco, CA
Zip: 94103 Country:	Zip: 94103 Country:

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 08/14/2007

6. FEI Number: 26-0621650 ☐ 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: NATIONAL CORPORATE RESEARCH, LTD., INC.

Street Address (P.O. Box Number is Not Acceptable): 515 East Park Avenue

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: Julie E. Watson, Asst. Secretary Date: 3/4/11
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
CEO	Jonathan Cardella	222 Seventh St. 2nd Floor	San Francisco/CA/94103
CFO	Sarah Bailey	222 Seventh St. 2nd Floor	San Francisco/CA/94103

REINSTATEMENT 2010-2011

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

12. 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 608.408, 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: Sarah Bailey Date: 1/20/2011 Daytime Phone #: 800.357.3321

Sarah Bailey