

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M07000006384		
1. Entity Name ACORN HOUSING AFFORDABLE LOANS, LLC		

FILED

2009 AUG 11 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 209 W. JACKSON BLVD., 3RD FLOOR CHICAGO, IL 60606	Mailing Address 209 W. JACKSON BLVD., 3RD FLOOR CHICAGO, IL 60606
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

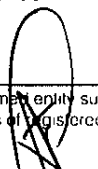
08062009 REIN-LLC CR2E101 (1/07)

4. FEI Number 72-7650048	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ASTIGARRABIA, JUAN CARLOS 1380 W. FLAGLER STREET, STE. C MIAMI, FL 33135		7. Name and Address of New Registered Agent Name ASTIGARRABIA, JUAN CARLOS Street Address (P.O. Box Number is Not Acceptable) 1439 WEST FLAGLER STE C City MIAMI FL Zip Code 33135	
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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 	(NOTE: Registered Agent signature required when reinstating)	DATE 8-7-09
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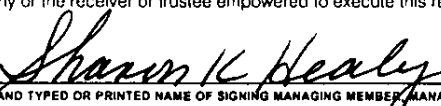
FILE NOW!!! FEE IS \$277.50	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHEA, MICHAEL DEAN 209 W. JACKSON BLVD., 3RD FLOOR CHICAGO, IL 60606 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 100159475331 08/11/09--01032--001 **277.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

REINSTATEMENT

08-09

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 	Date 8/7/09	Daytime Phone # 312/235 4977
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