2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2009 AUG 11 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08062009 REIN-LLC CR2E101 (1/07)

DOCUMENT # M07000006384

1. Entity Name
ACORN HOUSING AFFORDABLE LOANS, LLC

Principal Place of Business	Mailing Address
209 W. JACKSON BLVD., 3RD FLOOR CHICAGO, IL 60606	209 W. JACKSON BLVD., 3RD FLOOR CHICAGO, IL 60606

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

4. FEI Number: 72-7650048 — ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ASTIGARRABIA, JUAN CARLOS 1380 W. FLAGLER STREET, STE. C MIAMI, FL 33135	Name: ASTIGARRABIA, JUAN CARLOS Street Address (P.O. Box Number is Not Acceptable): 1439 WEST FLAGLER Ste C City: MIAMI FL Zip Code: 33135

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 ______________________ DATE 8-7-09

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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**

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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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: Sharon K Healy 8/7/09 312/235 4977

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #