

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6384

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LIMITED LIABILITY REINSTATEMENT
RMBS REO HOLDINGS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$238.75

RECEIVED
15 NOV 18 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2015 NOV 18 AM 11:11

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M14000006446

1. Limited Liability Company's Name

RMBS REO HOLDINGS LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #

875 THIRD AVENUE

Suite, Apt. #, etc.
10 FLOORCity & State
NEW YORK, NYZip
10022Country
USA

3. Mailing Office Address

875 THIRD AVENUE

Suite, Apt. #, etc.
10 FLOORCity & State
NEW YORK, NYZip
10022Country
USA

4. State/Country of Formation

DELAWARE, USA

5. Date Organized or Qualified
To Do Business In Florida

09/08/2014

6. FEI Number

47-1202798

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 SYSTEM

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

Date

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
	FK MASTER HOLDINGS, INC.	875 THIRD AVENUE, 10FL	NEW YORK, NY 10022
REINSTATEMENT			

11. E-mail Address: STATEANNUALREPORTS@CERBERUSCAPITAL.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 605, 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

11-16-15

Daytime Phone # 2128912100

Typed or printed name of signing Authorized Representative/Manager ALEXANDER D. BENJAMIN, SVP OF FK MASTER HOLDINGS, INC.