PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2017 OCT - 4 A 8:27

DOCUMENT # M 16000005627

1. Limited Liability Company's Name

National Real Estate Settlement Services, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
901 Dulaney Valley Road		901 Dulaney Valley Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 708		Suite 708	
City & State		City & State	
Towson, MD		Towson, MD	
Zip	Country	Zip	Country
21286	USA	21286	USA

4. State/Country of Formation: Maryland, USA

5. Date Organized or Qualified To Do Business in Florida: 07/13/2016

6. FEI Number: 81-2396324 ☐ 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: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable) Suite,: 1201 Hays Street

Apt. #, Etc.:

City: Tallahassee | State: FL | Zip Code: 32301

000304165560
10/04/17-01002-011
#238.75

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: [signature] Date: 9/29/2017

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
member	Paul Jednorski	901 Dulaney Valley Rd Ste 708	Towson, MD 21286
member	Joe E Hill, Jr	901 Dulaney Valley Rd Ste 708	Towson, MD 21286
member	Amr Jamaleilail	901 Dulaney Valley Rd Ste 708	Towson, MD 21286
Owner	Real Estate Services Acquisition	901 Dulaney Valley Rd Ste 708	Towson, MD 21286
	Group, LLC		
	REINSTATEMENT		OCT - 4 2017 R. HUNT

11. E-mail Address: licensing@nress.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 requirement of section 605.0112, 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member: [signature] Date: 9/27/17 Daytime Phone #: 410-339-7850

Typed or printed name of signing authorized representative/member: Paul Jednorski