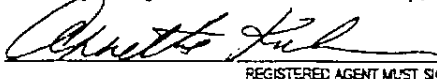
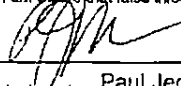


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		2917 OCT - 11 10:00 AM	
DOCUMENT # M 16000005627					
1. Limited Liability Company's Name National Real Estate Settlement Services, LLC					
2. Principal Office Address - No P.O. Box # 901 Dulaney Valley Road Suite, Apt. #, etc. Suite 708 City & State Towson, MD Zip 21286 Country USA		3. Mailing Office Address 901 Dulaney Valley Road Suite, Apt. #, etc. Suite 708 City & State Towson, MD Zip 21286 Country USA		CR2ED41 (1/14) 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				000 30416 556 0 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  Date <u>9/29/2017</u> 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: <u>licensing@nress.com</u> (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 605.0012, 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 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  Date <u>9/27/17</u> Daytime Phone # <u>410-339-7850</u> Typed or printed name of signing authorized representative/member <u>Paul Jednorski</u>					