PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
18 OCT 22 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M17000010795

1. Limited Liability Company's Name
RESI SFR Sub, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
402 Strand St.	3505 Koger Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	Suite 400
City & State	City & State
Frederiksted, USVI	Duluth, GA
Zip / Country	Zip / Country
00840	30096 / USA

4. State/Country of Formation
Delaware

5. Date Organized or Qualified To Do Business in Florida
12/20/2017

6. FEI Number
66-0838966
☐ 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
C T 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

3MR200413433

300320041343

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: Mark Holloway, Asst. Sec. Date: 10/19/18
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	Miles Adams	3505 Koger Blvd., Suite 400	Duluth, GA 30096

11. E-mail Address: CT-StateCommunications@wolterskluwer.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 608, 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: Miles Adams Date: 10/19/18 Daytime Phone #:

Typed or printed name of signing Authorized Representative/Manager: Miles Adams

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OCT 22 2018

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CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 10/22/2018

Acc#I20160000072

Name:	RESI SFR SUB, LLC
Document #:	
Order #:	11216911

Certified Copy of Arts & Amend:	☐			
Plain Copy:	☐			
Certificate of Good Standing:	☐			
	☐			
Apostille/Notarial Certification:	☐		Country of Destination:	
			Number of Certs:	

Filing:	☑	Certified:	☑
		Plain:	☐
		COGS:	☐

Availability _____

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Examiner _____
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Verifier _____
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Ref# _____

Amount: $ 268.75

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Thank you!