

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 DEC 28 AM 10:51

DOCUMENT # M97000000022

1. Entity Name
WALKER & DUNLOP GP, LLC



Principal Place of Business
7501 WISCONSIN AVENUE
STE 1200
BETHESDA, MD 20814

Mailing Address
7501 WISCONSIN AVENUE
STE 1200
BETHESDA, MD 20814



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

11152007 REIN-LLC CR2E101 (1/07)

4. FEI Number
52-2002612

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 *Heather Chapman*

Heather Chapman
as its agent

11/26/07

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME WALKER, MALLORY
STREET ADDRESS 7501 WISCONSIN AVE STE 1200
CITY - ST - ZIP BETHESDA, MD 20814

TITLE ☐ Change ☐ Addition
NAME 600113436176
STREET ADDRESS 12/27/07--01023--007 **150.00
CITY - ST - ZIP

TITLE MGR ☐ Delete
NAME YAVINSKY, MERRILL A
STREET ADDRESS 7501 WISCONSIN AVE STE 1200
CITY - ST - ZIP BETHESDA, MD 20814

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE MGR ☐ Delete
NAME STRASSBERG, IRA S
STREET ADDRESS 7501 WISCONSIN AVE STE 1200
CITY - ST - ZIP BETHESDA, MD 20814

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP REINSTATEMENT 2007

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

12-21-07 301-215-5551

Date

Daytime Phone #