Florida Department of State
Division of Corporations
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Account Number : FCA000000023
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CORPORATION REINSTATEMENT
REAL ESTATE SERVICING SOLUTIONS INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	$750.00

OCT 12 2015

R. HUNT

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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P08000003265

1. Corporation Name

Real Estate Servicing Solutions Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1661 Worthington Road	P.O. Box 24737
Suite, Apt. #, etc. Suite 100	Suite, Apt. #, etc.
City & State West Palm Beach, Fl	City & State West Palm Beach, Fl
Zip 33409 County	Zip 33416-4737 County

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business In Florida 01/09/2008

5. FEI Number — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED — $55.00 Certification Fee (required for a Certificate of Status)

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 hays Street

Suite, Apt. #, etc.

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

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date 10/12/2015

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres./ CEO	Ronald M. Faris	1661 Worthington Rd, Ste 100	West Palm Beach, Fl 33409
Sec.	Timothy M. Hayes	402 Strand Street	Frederiksted, USVI 00840

REINSTATEMENT

OCT 12 2015

R. HUNT

10. E-mail Address: Lynn.Almeida@ocwen.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, 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: _____ Ronald M. Faris, President 10/8/2015 561.682.7880

(BY OFFICER OR DIRECTOR) (TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (DATE) (DAYTIME PHONE #)