L02000024332

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

04 APR 27 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000024332

1. Limited Liability Company's Name

Source One Title LLC

500031981525
04/06/04--01040--001 **150.00

REINSTATEMENT 2003-2004

2. Principal Office Address	**3.** Mailing Office Address
19084 NE 29th Ave	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	Same
City & State	City & State
Aventura, FL	
Zip / Country	Zip / Country
33180 / USA	

4. State/Country of Formation: FL, USA

5. Date Organized or Qualified To Do Business in Florida: 9/18/2002

6. FEI Number: [X] 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: Duane Berkey

Street Address (P.O. Box Number is Not Acceptable): 19111 Collins Ave Unit 2102

500031981525
04/27/04--01040--001 **50.00

Suite, Apt. #, Etc.:

City: Sunny Isles, FL 33160 State: FL Zip Code:

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: _____ Date: 3/31/04

REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Duane Berkey	19111 Collins Ave Unit 2102	Sunny Isles FL 33180
MGR	Carl Noriega	1343 Main Drive South	Weston, FL 33326
			04-27-04 01040 001 $150.00
			500031981526

11. I certify that I am managing member/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 608.406, 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.

Signature of Managing Member/Manager: _____ Date: 3/31/04 Daytime Phone #: 305-682-2220

Typed or printed name of signing Managing Member/Manager: _____