

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

08 APR 23 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # MD4000000180

1. Limited Liability Company's Name

ATLAS TITLE AGENCY, LLC

800125146778
04/23/08--01002--020 **655.00

CR2E041 (12/07)

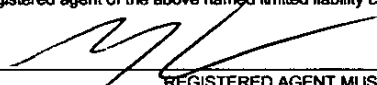
2. Principal Office Address - No P.O. Box # 3974 BROWN PARK Suite, Apt. #, etc. F City & State HILLIARD, OH Zip 43026		Country FRANKLIN	
3. Mailing Office Address 3974 BROWN PARK Suite, Apt. #, etc. F City & State HILLIARD, OH Zip 43026		Country FRANKLIN	

4. State/Country of Formation OH-FRANKLIN	
5. Date Organized or Qualified To Do Business in Florida _1-13-04	
6. FEI Number 02-0592776	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name GREG LUCAS			
Street Address (P.O. Box Number is Not Acceptable) 4536 MITCHER RD			
Suite, Apt. #, Etc.			
City NEW PORT RICHEY	State FL	Zip Code 34652	

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

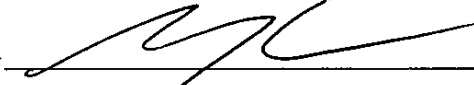
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent  Date 4-16-08

REGISTERED AGENT MUST SIGN

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
MGRM	GREG LUCAS	4536 MITCHER RD	NEW PORT RICHEY FL 34652
MGRM	KIMBERLEE SLAUGHTER	3974 BROWN PARK	HILLIARD, OH 43026
MGRM	AGNES LUCAS	3974 BROWN PARK	HILLIARD, OH 43026
REINSTATEMENT 05-08			

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 4-16-08 Daytime Phone # 614-774-8550

Typed or printed name of signing Managing Member/Manager GREG LUCAS