2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F00000005889

1. Entity Name
RESIDENTIAL TITLE SERVICES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 NOV 16 PM 4:16

09/24/07 00010 005 35.00

Principal Place of Business	Mailing Address
1910 SOUTH HIGHLAND SUITE 150 LOMBARD, IL 60148	1910 SOUTH HIGHLAND SUITE 150 LOMBARD, IL 60148

09282007 REIN-P CR2E098 (1/07)

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

4. FEI Number 36-4161317 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LATHAM, ANTHONY 17757 US 19 NORTH SUITE 250 CLEARWATER, FL 33764	Name: InCorp Services, Inc Street Address (P.O. Box Number is Not Acceptable): 17888 67th Court North City: Loxahatchee FL Zip Code: 33470

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: Sarah Gibson on behalf of Incorp Services, Inc 10/19/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2008, Fee will be $900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTCD REYNOLDS, ROBERT P 1910 SOUTH HIGHLAND, SUITE 202 LOMBARD, IL 60148 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 00011280401O 12/04/07--01006--001 **723.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD MURPHY, KEVIN M 4225 SPRING LAKE DRIVE LAKE IN THE HILLS, IL 60148 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FURMAN, ANDREW 21801 WEST JUNEAU PLAINFIELD, IL 60544 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 11/20/07
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARRARA, BRIAN 11017 SOUTH JODAN OAK LAWN IL, IL 60453 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition MENT 07
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 11-13-07 (630)620-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #