


2006 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

06 JAN 20 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F04000001565		
1. Entity Name ASSOCIATED ATTORNEY TITLE & CLOSING CO., P.C.		

Principal Place of Business ONE TOWN CENTER CHESHIRE, CT 06410	Mailing Address ONE TOWN CENTER CHESHIRE, CT 06410
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2. Principal Place of Business 200 E. WASHINGTON ST Suite, Apt. #, etc. SUITE A	3. Mailing Address 290 Highland Avenue Suite, Apt. #, etc. —
City & State MINNEOLA, FL	City & State CHESHIRE CT
Zip 34715	Country USA
Zip 06410	Country USA



REINSTATEMENT (1/05) 05-00

4. FEI Number 20-0731085	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ROVETTO, LINDA I 200 EAST WASHINGTON STREET, SUITE A CLERMONT, FL 34714	
7. Name and Address of New Registered Agent Name: Frederick Bryant Street Address (P.O. Box Number is Not Acceptable): 200 E. Washington St. Suite A City: Minneola FL Zip Code: 34715	

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: [Signature] FREDERICK BRYANT 1/13/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BAILLIE, DONALD S ONE TOWN CENTER CHESHIRE, CT 06410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DONALD S. BAILLIE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 290 Highland Avenue CHESHIRE CT 06410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BAILLIE, DONALD S ONE TOWN CENTER CHESHIRE, CT 06410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DONALD S. BAILLIE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 290 Highland Avenue CHESHIRE CT 06410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5000658213005 <input type="checkbox"/> Addition 02/14/06--01024--005 **908.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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] DONALD S. BAILLIE 1/17/06 (203) 272-7000
Signature and typed or printed name of signing officer or director Date Daytime Phone #

K. Eckel JAN 23 2006