2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 NOV -6 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000000688

1. Entity Name
MONTGOMERY HOME TITLE, INC.

Principal Place of Business	Mailing Address
1300 PICCARD DRIVE SUITE L-105 ROCKVILLE, MD 20850	1300 PICCARD DRIVE SUITE L-105 ROCKVILLE, MD 20850
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

REINSTATEMENT (...05)

4. FEI Number 52-1849693 — 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
MCGOUGH, ELIZABETH 4887 BELFORT ROAD SUITE 109 JACKSONVILLE, FL 32256	Name: FLORIDA FILING AND SEARCH SERVICES INC. Street Address (P.O. Box Number is Not Acceptable): 155 OFFICE PLAZA DR, SUITE A City: TALLAHASSEE FL Zip Code 32301

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] President 10/25/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2007, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BELL, MICHAEL P 1300 PICCARD DRIVE, STE. L-105 ROCKVILLE, MD 20850	☐ Delete	☐ Change ☐ Addition 400081552734 11/06/06--01037--011 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LISS, ELLIOT M 1300 PICCARD DRIVE, STE. L-105 ROCKVILLE, MD 20850	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ 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] 11-02-06 3017552000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

K. Eckel NOV 07 2006