2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
07 OCT -3 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K01186

1. Entity Name
ADAMS TITLE, INC.

Principal Place of Business	Mailing Address
4620 ~~4610~~ LIPSCOMB ST., NE SUITE 3 PALM BAY, FL 32905 US	4620 ~~4610~~ LIPSCOMB ST., NE SUITE 3 PALM BAY, FL 32905 US

REINSTATEMENT
09282007 ... CR2E098 (1/07) 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: 80-0003873 — 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
BRADY, MARK 4620 ~~4610~~ LIPSCOMB ST., NE., SUITE 3 PALM BAY, FL 32905	Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code

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, 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, 2008, 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	D BRADY, MARK 4620 ~~4610~~ LIPSCOMB ST NE., SUITE 3 PALM BAY, FL 32905 ☐ Delete	☐ Change ☐ Addition 800110235558 10/03/07--01037--002 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC MARY FRANCES, MADARIS 4620 ~~4610~~ LIPSCOMB ST NE., SUITE 3 PALM BAY, FL 32905 ☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P 10/5 ☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
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] 9/28/07 321-403-4947

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #