

# L00000007513

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

**LIMITED LIABILITY COMPANY REINSTATEMENT**  
FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

02 SEP -9 AM 11:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L00000007513

1. Limited Liability Company's Name  
FAIRWAY TITLE SERVICES LLC

300007798369--1  
-09/17/02--01040--013  
\*\*\*\*205.00 \*\*\*\*205.00

2. Principal Office Address <u>120 EAST STATE ST</u> Suite, Apt. #, etc. <u>101</u> City & State <u>OLDSMAR</u> Zip <u>34677</u> Country <u>Pinellas</u>		3. Mailing Office Address <u>14902 Winding Creek</u> Suite, Apt. #, etc. <u>102-C</u> City & State <u>Tampa</u> Zip <u>33613</u> Country <u>Hillsborough</u>	
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4. State/Country of Formation <u>FLORIDA</u>	
5. Date Organized or Qualified To Do Business in Florida <u>6-27-00</u>	
6. FEI Number <u>59-3654914</u>	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name <u>FRED Co SEBESMAN</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>120 EAST STATE ST</u>	
Suite, Apt. #, Etc. <u>101</u>	
City <u>OLDSMAR</u>	State Zip Code <u>FL 34677</u>

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 Fred C. Sebesman Date 9-4-02  
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
<u>MBR</u>	<u>CURTIS R. NISHOFF</u>	<u>240 BALSAM DR</u>	<u>OLDSMAR, FL 34677</u>

11. I certify that I am managing member/manager of 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 [Signature] Date 9-4-02 Daytime Phone # 813-453-8377  
Typed or printed name of signing Managing Member/Manager CURTIS R. NISHOFF

CR2E041 (9/01)