

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

02 NOV 21 AM 9:38

1. DOCUMENT # L00000015940

Name and Mailing Address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0011217 01 FP 0.352 **PRSRT H4 5 0615 92707-591301



FIRST AMERICAN DEFAULT MANAGEMENT SOLUTIONS LLC
1 FIRST AMERICAN WAY
SANTA ANA CA 92707-5913



CR2E084 (8/02)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

12/21/2000

Principal Place of Business

4 HARVARD CIRCLE, STE. 700
WEST PALM BEACH FL 33409

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number 58-2595921
APPLIED FOR

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

10. 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

Barbara J. Christman
REGISTERED AGENT MUST SIGN

Date 10-29-02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
	JOSEPH G	WAY	LASTX
MGR	SANDO, BARRY	8435 STEMMONS FREEWAY	DALLASTX 75247
MGR	FRAPPIER, JAY	15000 SURVEYOR BLVD	ADDISON TX 75001

12. I certify that I am managing member/manager or 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

Barry Sando
Barry Sando

Date 31 OCT 02 Daytime Phone # (214) 879-5956

Typed or printed name of signing Managing Member/Manager