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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

L01000008651

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

03 JAN 16 PM 2:20

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L01000008651

Name and Mailing Address

300003744173
12/30/02--01084--002 **150.00

0000484 01 FP 0.352 **PRSRT T2 0 0615 32751-446527

TITLECORP OF FLORIDA/CORNERSTONE REAL ESTATE INVESTMENT, LLC
670 N ORLANDO AVE., STE #102
MAITLAND FL 32751-4465

1-16-2002

CR2E084 (8/02)

2. New Mailing Address
398 FREEMAN ST.
City, State, Zip
LONGWOOD FL. 32750

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida
05/29/2001

Principal Place of Business
670 N ORLANDO AVE., STE #102
MAITLAND FL 32751

3. New Principal Place of Business Address
398 FREEMAN ST.
City, State, Zip
LONGWOOD FL. 32750

6. FEI Number
59-3719515
☐ 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

ARCHIE, ROBERT
670 N. ORLANDO AVE., #102
MAITLAND FL 32751

9. Name and Address of New Registered Agent

Name: William Johnson
Street Address (P.O. Box Number is Not Acceptable)
398 FREEMAN ST.
City: LONGWOOD FL Zip Code: 32750

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 _____ Date 12/26/02

REGISTERED AGENT MUST SIGN

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
President Managing Member	William Johnson	398 FREEMAN ST. ~~LONGWOOD FL 32750~~	LONGWOOD, FL 32750

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 _____ Date 12/26/02 Daytime Phone # 407 629 7070

Typed or printed name of signing Managing Member/Manager William Johnson