

L01000009731

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 SEP 19 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000009731

1. Limited Liability Company's Name

GUARANTY TRUST & TITLE OF SOUTH BROWARD LLC.

900023198709
09/19/03--01054--003 **200.00

2. Principal Office Address

1915 Hollywood Blvd.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

206

City & State

Hollywood

City & State

FL. 33

Zip

33020

Country

Broward

Zip

33020

Country

4. State/Country of Formation

FLA.

5. Date Organized or Qualified
To Do Business in Florida

June 2001

6. FEL Number

65-0927853

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

Name

STAN CAMPBELL

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

1915 Hollywood

Suite, Apt. #, Etc.

206

City

Hollywood

State

FL

Zip Code

33020

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

Stan Campbell
REGISTERED AGENT MUST SIGN

Date *8/25/03*

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
<i>CEO</i>	<i>Stan Campbell</i>	<i>% Guaranty Trust & Title Inc. 1915 Hollywood Hollywood FL</i>	<i>Hollywood FL 33020</i>
<i>Pres.</i>	<i>Mike Steher</i>	<i>"</i>	<i>"</i>

11. 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

Stan Campbell

Date

8/25/03

Daytime Phone

904-20 0766

Typed or printed name of signing Managing Member/Manager

STAN CAMPBELL

CR2E041 (10/02)