

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

L01000018854

FILED

2002 NOV 21 AM 9:59

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000018854
Name and Mailing Address

0005376 01 FP 0,352 **PRSRT T6 0 0615 33777-152950

GUARDIAN TITLE PARTNERS OF FLORIDA, LLC
7360 BRYAN DAIRY RD.
SUITE 200
LARGO FL 33777-1529



CR2E084 (8/02)

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 3209 TAMPA RD. PALM HARBOR FL 34684		5. Date Organized or Qualified To Do Business in Florida 10/29/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent SECURITY FIRST TITLE AFFILIATES, INC. 7360 BRYAN DAIRY RD., SUITE 200 LARGO FL 33777		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 500009152635 11/21/02--01072--005 **150.00 City FL Zip Code	
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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 _____
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
Director	Doug Barthe	7360 Bryan Dairy Rd, Ste 200 LARGO, FL 33777-1529	

REINSTATEMENT 2002

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 10/30/02 Daytime Phone # _____
Typed or printed name of signing Managing Member/Manager _____