

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



DIVISION OF CORPORATIONS

FILED

02 DEC -3 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000019068

Name and Mailing Address

0008998 01 FP 0.352 **PRST H9 0 0615 32084-445931

ATLANTIC TITLE OF ST. AUGUSTINE, LLC

24 CATHEDRAL PLACE, SUITE 506

ST. AUGUSTINE FL 32084-4459



2. New Mailing Address

1200 Plantation Island Drive South, #220

City, State, Zip

St. Augustine, FL 32080

Principal Place of Business

24 CATHEDRAL PLACE, SUITE 506

ST. AUGUSTINE FL 32085

3. New Principal Place of Business Address

1200 Plantation Island Drive South, #220

City, State, Zip

St. Augustine, FL 32080

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

10/30/2001

6. FEI Number

04-3588429

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

THE ANDERSEN FIRM, A PROFESSIONAL CORP.
501 WHITEHEAD STREET
KEY WEST FL 33040

9. Name and Address of New Registered Agent

Name

Street Address

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

William R. Deen

Date 11/8/02

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
MGR	The Andersen Firm, A Professional Corp.	501 Whitehead St. Key West, FL 33040	Key West, FL 33040

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

William R. Deen

Date

11/8/02

Daytime Phone #

305-298-8480

Typed or printed name of signing Managing Member/Manager