

PLEASE FOLLOW ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 20 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300009618103
12/20/02--01050--013 **180.00

DOCUMENT # LD1000022641

1. Limited Liability Company's Name

Atlantic Title And Abstract Company, LLC

2. Principal Office Address

501 Whitehead St.

Suite, Apt. #, etc.

3. Mailing Office Address

501 Whitehead St.

Suite, Apt. #, etc.

City & State

Key West FL

Zip 33040

Country USA

City & State

Key West FL

Zip 33040

Country USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

12/26/2001

6. FEI Number

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

William E. Andersen, The Andersen Firm, A Professional Corporation

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

501 Whitehead Street

Suite, Apt. #, Etc.

City

Key West

State

FL

Zip Code

33040

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

William E. Andersen

Date

12/19/02

REGISTERED AGENT MUST SIGN

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
MEM	Century Title Corporation	101925 Overseas Hwy.	Key Largo, FL 33037
		REINSTATEMENT <u>2002</u>	
			<u>12/23</u> <u>West</u>

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

Scott Nyman, President, Century Title

Date

12/19/02

Daytime Phone #

305-451-432

Typed or printed name of signing Managing Member/Manager

Scott Nyman, President, Century Title Corporation

CR2E041 (8/01)