

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000012898

Name and Mailing Address

0005366 01 AT 0.292 **AUTO T1 0 0615 33065-508300



EXPRESS LAND TITLE SERVICES, "L.L.C."

2900 UNIVERSITY DR., #78

CORAL SPRINGS FL 33065-5083



US

2. New Mailing Address

2900 UNIVERSITY DR., #52

City, State, Zip

CORAL SPRINGS, FL 33065-5083

Principal Place of Business

2900 UNIVERSITY DR., #78
CORAL SPRINGS FL 33065
US

3. New Principal Place of Business Address

2900 UNIVERSITY DR., #52

City, State, Zip

CORAL SPRINGS, FL 33065

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

05/28/2002

6. FEI Number

73-1643614

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

RUS, JAKE
11380 PROSPERITY FARMS RD.
215
PALM BEACH GARDENS FL 33410

9. Name and Address of New Registered Agent

Name

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

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/20/03

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	EXPRESS LAND TITLE, INC.	11380 PROSPERITY FARMS RD. #215	PALM BEACH GARDENS FL 33410
MGR	PATRICIA SCHNEIDER	2900 UNIV. DR., #52	CORAL SPRINGS, FL 33065
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REINSTATEMENT 03 dec			

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

PATRICIA SCHNEIDER

Date 10/20/03

Daytime Phone # 954-345-9494

Typed or printed name of signing Managing Member/Manager

PATRICIA SCHNEIDER

CR2E084 (7/03)