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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

L02000025697

Glenda E. Hood
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 30 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000025697

Name and Mailing Address

0003052 01 AT 0.292 **AUTO T4 0 0615 32765-603174

THE TITLE GROUP OF CENTRAL FLORIDA II, LLC
140 ALEXANDRIA BLVD., STE. B
OVIEDO FL 32765-6031

2. New Mailing Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida
09/30/2002

Principal Place of Business
140 ALEXANDRIA BLVD., STE. B
OVIEDO FL 32765

3. New Principal Place of Business Address
535 N. FERN CREEK AVE

City, State, Zip
ORLANDO, FL. 32803

6. FEI Number
11-3661560
Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐
$5.00 Additional Fee required for a Certificate of Status

CR2E034 (7/03)

8. Name and Address of Current Registered Agent

COBB, FLOYD
535 N. FERNCREEK AVE.
ORLANDO FL 32803

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 Date 12-19-03

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 |
|---|---|---|---|
| manager | John Floyd COBB | 535 N. FERN CREEK AVE | ORLANDO, FL 32803 |

700025776367
12/26/03--01073--017 **150.00

700025776367
03/30/04--01010--001 **50.00

REINSTATEMENT 03-04

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/Manage SIGNATURE REQUIRED Date 12-19-03 Daytime Phone # 407-447-1983

Typed or printed name of signing Managing Member/Manager FLOYD COBB

631948