

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR STATE
Glen E. Hood
Secretary of State
DIVISION OF CORPORATIONS
0200027784

FILED
03 OCT 21 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L0200027784
Name and Mailing Address

0005325 01 AT 0.292 **AUTO T1 0 0615 33065-631026
FLORIDA TITLEPRO, LLC
3300 UNIVERSITY DR., STE. 901
CORAL SPRINGS FL 33065-6310



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/21/2002	
Principal Place of Business 3300 UNIVERSITY DR., STE. 901 CORAL SPRINGS FL 33065	3. New Principal Place of Business Address	6. FEI Number	Applied For Not Applicable
City, State, Zip		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	9. Name and Address of New Registered Agent
PONNOCK, ANDREW A 3300 UNIVERSITY DR., STE. 901 CORAL SPRINGS FL 33065	Name
	Street Address (P.O. Box Number is Not Acceptable) 600023973256
	10/21/03--01082--003 **150.00
	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 10-16-03
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
Mgr	Andrew A. Ponnock	3300 University Dr Ste 901	Coral Springs, FL 33065

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 **SIGNATURE REQUIRED** Date 10-16-03 Daytime Phone 954-340-4051
Typed or printed name of signing Managing Member/Manager Andrew A Ponnock

CR2E034 (7/03)