## 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT #L02000028531 1. Entity Name TITLÉ AFFILIATES OF WINTER PARK & ORLANDO, L.L.C 07 DEC 28 PHI2: 00 Principal Place of Business Mailing Address 4900 CREEKSIDE DRIVE 101 GATEWAY CENTRE PKWY. CLEARWATER, FL 33760 **GATEWAY ONE** RICHMOND, VA 23235 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 4809 Ehrlich Rd. 4809 Ehrlich Rd. Suite, Apt. #, etc. #105 Suite, Apt. #, etc. #105 12182007 REIN-LLC CR2E101 (1/07) City & State 4 FEI Number Applied For City & State Tampa, FL Tampa, FL 81-0577753 Not Applicable Zip 33624 Country Zip 33624 Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KIRTLEY, WILLIAM T ESQ. Street Address (P.O. Box Number is Not Acceptable) 1776 RINGLING BLVD. SARASOTA, FL 34236 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. Make check payable to: FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$200.00 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. MGRM MGRM ☐ Change Addition Delete TITLE TITLE USA TITLE AFFILIATES, INC WINTER PARK MORTGAGE CO. NAME NAME 124 E. WELBOURNE AVE STREET ADDRESS 101 GATEWAY CENTRE PKWY STREET ADDRESS WINTER PARK, FL 32789 CITY-ST-ZIP RICHMOND, VA 23235 CITY-ST-ZIP ☐ Delete TITLE MGRM Change Addition TOTLE CASTLE FUNDING, LLC NAME 1400 HILLCREST ST. STREET ADDRESS STREET ADDRESS ORLANDO, FL 32803 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition 400113436434 12/27/07--01029--013 \*\*150.00 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Karen O. Earls

TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE