

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 FEB 23 PM 1:32

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L02000028689

1. Limited Liability Company's Name

Security First Title Partners of Kissimmee, LLC

100027682981
03/09/04--01025--023 **50.00

2. Principal Office Address

241 East Ruby Avenue

Suite, Apt. #, etc.

Bldg.C, Waterfront Square

3. Mailing Office Address

2075 Centre Pointe Blvd.

Suite, Apt. #, etc.

City & State

Kissimmee, FL

City & State

Tallahassee, FL

Zip

34741

Country

USA

Zip

32308

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

10/28/2003

6. FEI Number

06-1653680

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

Ryan O. Garrity

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

2075 Centre Pointe Boulevard

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32308

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

REGISTERED AGENT MUST SIGN

Date

1/23/04

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
MGRM	The Security First Title Affiliates, Inc.	7360 Bryan Dairy Rd, Suite 200	Largo, FL 33777

REINSTATEMENT

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

Frank D. Camperlengo

Date

1-26-04

Daytime Phone #

(927) 549-3300

Typed or printed name of signing Managing Member/Manager

Frank D. Camperlengo

CF E041 (10/03) 2