PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 MAR 30 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

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

1. DOCUMENT # L02000028956

Name and Mailing Address

0014359 01 AT 0.292 **AUTO T2 0 0815 34103-330767
PREMIER LAND TITLE, LLC
3000 GULF SHORE BOULEVARD, UNIT 312
NAPLES FL 34103-3907

BK

03

CR2E084 (7/02)

2. New Mailing Address
3665 Bonita Beach Rd. Suite #3

City, State, Zip
Bonita Springs, Fl 34134

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business In Florida
10/30/2002

Principal Place of Business
3000 GULF SHORE BOULEVARD
NAPLES FL 34103

3. New Principal Place of Business Address
3665 Bonita Beach Rd. #3

City, State, Zip
Bonita Springs FL. 34134

6. FEI Number
75-3086050

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

MCARDLE, MICHAEL W ESQ.
9553 CAMPBELL CIRCLE
NAPLES FL 34109

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 3/26/04

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	JAKUBOWSKI, CONRAD	3000 GULF SHORE BOULEVARD, UNIT 312	NAPLES FL 34103
MGR	FOSTER, DAVID	3000 GULF SHORE BOULEVARD, UNIT 312	NAPLES FL 34103

REINSTATEMENT 2003-2004 S00031527465

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. This 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 10/27/03 Daytime Phone # 239-947-7007

(CONT.)

Signature of Managing Member/Manager

MAR. 26. 2004 1:27PM PREMIER LAND TITLE NO. 3683 P. 1/1

CSC

CORPORATION SERVICE COMPANY

L02000028956

ACCOUNT NO. : 072100000032

REFERENCE : 529596 7357047

AUTHORIZATION : Patricia Piggott

COST LIMIT : $ 205.00

FILED
04 MAR 30 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : March 29, 2004

ORDER TIME : 9:55 AM

ORDER NO. : 529596-005

CUSTOMER NO: 7357047

CUSTOMER: Mr. Michael W. Mcardle
Michael W. Mcardle, P.l.
Suite 209
711 Fifth Avenue South
Naples, FL 34102

RECEIVED
04 MAR 30 AM 10:39
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: PREMIER LAND TITLE, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight EX 2956

EXAMINER'S INITIALS _____