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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

2004 FEB 25 PM 2:04

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. **DOCUMENT #** L02000029817

Name and Mailing Address

0000694 01 AV 0.278 **AUTO T4 1 0615 33139-664350



VANGUARD TITLE COMPANY, L.L.C.
555 WASHINGTON AVENUE
SUITE 200
MIAMI BEACH FL 33139-6643



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 11/07/2002	
Principal Place of Business 555 WASHINGTON AVENUE SUITE 200 MIAMI BEACH FL 33139	3. New Principal Place of Business Address City, State, Zip		6. FEI Number 161639075 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 TAYLOR, PETER E ESQ. 555 Washington Ave, Ste. 200 Miami Beach, FL 33139		9. Name and Address of New Registered Agent Name <u>Taylor, Peter E. Esq.</u> Street Address (P.O. Box Number is Not Acceptable) <u>555 Washington Ave, Ste. 200</u> City <u>Miami Beach</u> FL Zip Code <u>33139</u>	
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 <u>[Signature]</u> SIGNATURE REQUIRED Date <u>2/17/04</u> 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
MGRM	Peter E. Taylor	555 Washington Ave, Ste. 200	Miami Beach, FL 33139
		700029384327 02/25/04 01016 016 **200.00	
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.			
<div style="display: flex; justify-content: space-between;"> <div> Signature of Managing Member/Manager <u>[Signature]</u> SIGNATURE REQUIRED Typed or printed name of signing Managing Member/Manager <u>Peter E. Taylor</u> </div> <div> Date <u>2/17/04</u> Daytime Phone # <u>305-412-8994</u> <u>ext. 201</u> </div> </div>			

REINSTATEMENT

2003-04

CR2E084 (7/03)