

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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 NOV -7 PM 1:19

1. DOCUMENT # L02000034166

Name and Mailing Address

0001008 01 AV 0.278 \*\*AUTO H5 0 0615 33431-850435



PALM TITLE & ESCROW, LLC  
2000 GLADES ROAD  
SUITE 110  
BOCA RATON FL 33431-8504



2. New Mailing Address 2000 Glades Rd Suite 212 City, State, Zip Boca Raton FL 33431		4. State/Country of Formation FL	
Principal Place of Business 2000 GLADES ROAD SUITE 110 BOCA RATON FL 33431		5. Date Organized or Qualified To Do Business in Florida 12/19/2002	
3. New Principal Place of Business Address as above City, State, Zip		6. FEI Number 010762223 Applied For Not Applicable	
		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 TAMMY B. SALTZMAN, P.A. 2000 GLADES ROAD SUITE 110 BOCA RATON FL 33431		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 Tammy B. Saltzman Date 10/28/03

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
Managing Member	Tammy B. Saltzman	2000 Glades Rd Suite 212	Boca Raton FL 33431

400024496154  
11/07/03--01003--003 \*\*150.00

REINSTATEMENT -03/03

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 Tammy B. Saltzman Date 10/28/03 Phone # 561-474300

Typed or printed name of signing Managing Member/Manager TAMMY B. SALTZMAN