

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 28 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000014148

1. Limited Liability Company's Name

American Title and Settlement Services, LLC

2. Principal Office Address

43 Route 46 East

3. Mailing Office Address

Post Office Box 838

Suite, Apt. #, etc.

Suite 706

Suite, Apt. #, etc.

City & State

Pine Brook, NJ

City & State

Pine Brook, NJ

Zip

07058

Country

USA

Zip

07058

Country

USA

4. State/Country of Formation

New Jersey

**5. Date Organized or Qualified
To Do Business in Florida**

04/21/2003

6. FEI Number

58-2667066

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

H.B. Stivers

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

245 East Virginia Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Date

10-26-04

REGISTERED AGENT MUST SIGN

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	Gloria DiStefano	3303 Diana Lee Court	Virginia Beach, VA 23452
		REINSTATEMENT	
			900042287154 10/28/04--01056--008 **150.00

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

Date

10/20/04

Daytime Phone #

973-244-1665

Typed or printed name of signing Managing Member/Manager

Gloria DiStefano