

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

04 NOV -1 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000016851

1. Entity Name
ANCHOR TITLE & REALTY, LLC



Principal Place of Business
4481-1 NORTH STATE ROAD 7
LAUDERDALE LAKES, FL 33319

Mailing Address
4481-1 NORTH STATE ROAD 7
LAUDERDALE LAKES, FL 33319



2. Principal Place of Business
4481 N. STATE ROAD 7

3. Mailing Address
SAME AS ABOVE

10292004 REIN-LLC CR2E101 (6/04)

Suite, Apt. #, etc.
SUITE #1

Suite, Apt. #, etc.

City & State
LAUDERDALE LAKES, FL

City & State

4. FEI Number

Applied For
Not Applicable

Zip
33319

Country
U.S.A.

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PHILLIPS, BRINEL-JOY
4481-1 NORTH STATE ROAD 7, SUITE 1
LAUDERDALE LAKES, FL 33319

Name
BRINEL-JOY PHILLIPS, ESQ.

Street Address (P.O. Box Number is Not Acceptable)
4481 N. STATE ROAD 7

SUITE #1

City
LAUDERDALE LAKES

FL Zip Code
33319

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ²BRINEL-JOY PHILLIPS, ESQ.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10-29/04
DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2005, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PHILLIPS, BRINEL-JOY
4481-1 NORTH STATE ROAD 7, SUITE 1
LAUDERDALE LAKES, FL 33319 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PHILLIPS, DAVID P
4481-1 NORTH STATE ROAD 7, SUITE 1
LAUDERDALE LAKES, FL 33319 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
500042361675
11/01/04--01063--019 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☒ Addition

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: BRINEL-JOY PHILLIPS, ESQ. *B. J. Phillips*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

10/29/04 (954) 733-8929
Date Daytime Phone #

REINSTATEMENT