

# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

04 OCT 25 PM 4: 15

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

10/25



10192004 REIN-LLC CR2E101 (6/04)

4. FEI Number  
65-1191754

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

GARRITY, RYAN O  
2075 CENTRE POINTE BLVD.  
TALLAHASSEE, FL 32308

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

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  
FIRST AMERICAN AFFILIATES, INC.  
2075 CENTRE POINTE BLVD  
TALLAHASSEE, FL 32308 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
400042158814  
10/25/04--01063--015 \*\*55.00 ☐ Change ☐ Addition

TITLE  
NAME  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**REINSTATEMENT 2004**  
*Wp Penalty fees*

850-902-4101