

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2004 NOV -4 PM 3:22

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

600042473956  
11/04/04--01030--016 \*\*150.00

DOCUMENT # L03000040244

1. Limited Liability Company's Name

Service First Title, LLC

2. Principal Office Address

1919 W State Rd 7

Suite, Apt. #, etc.

204

City & State

Margate FIA

Zip

33003

Country

USA

3. Mailing Office Address

1919 W State Rd 7

Suite, Apt. #, etc.

204

City & State

Margate, FIA

Zip

33003

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

10/10/03

6. FEI Number

54-2129303

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

K&M Holdings, LLC

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

1919 W State Rd 7

Suite, Apt. #, Etc.

204

City

Margate FL

State

FL

Zip Code

33003

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

X William K. Tiller

REGISTERED AGENT MUST SIGN

Date

11/2/04

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
MGM	Matthew C Lupton	1919 W State Rd 7 Suite 204 Margate, FL	Margate FIA 33003

REINSTATEMENT 2004

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

X Matthew C Lupton

Date

11/2/04

Daytime Phone #

954/4102203

Typed or printed name of signing Managing Member/Manager

Matthew C Lupton

CR20041 (10/02)