2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 31, 2007
Secretary of State

DOCUMENT# L03000048738

Entity Name: HOME TOWN TITLE OF NORTH FLORIDA, LLC

Current Principal Place of Business:

2744 US HIGHWAY 90 WEST
LAKE CITY, FL 32055 US

New Principal Place of Business:

Current Mailing Address:

2744 US HIGHWAY 90 WEST
LAKE CITY, FL 32055 US

New Mailing Address:

FEI Number: 16-1688511 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAIER, FRANK P ESQ
4041 NW 37TH PLACE
SUITE B
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

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.

SIGNATURE: FRANK P. SAIER

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	SAIER, FRANK M	
Address:	4041 NW 37TH PLACE, SUITE B	
City-St-Zip:	GAINESVILLE, FL 32606 US	
Title:	MGRM	( ) Delete
Name:	DELANEY, PHILIP A	
Address:	4041 NW 37TH PLACE, SUITE B	
City-St-Zip:	GAINESVILLE, FL 32606 US	
Title:	MGRM	( ) Delete
Name:	IVEY, RAYMOND M	
Address:	4041 NW 37TH PLACE, SUITE B	
City-St-Zip:	GAINESVILLE, FL 32606 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: FRANK P. SAIER MGRM 10/31/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date