

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000014443

1. Entity Name
NATIONAL SECURITY TITLE AGENCIES, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 21 AM 10:53

Principal Place of Business
5340 NORTH FEDERAL HIGHWAY
SUITE 102
LIGHTHOUSE POINT, FL 33064

Mailing Address
5340 NORTH FEDERAL HIGHWAY
SUITE 102
LIGHTHOUSE POINT, FL 33064

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09282005 REIN-LLC CR2E101 (6/04)

4. FEI Number

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WILKES, JOHN P
901 SOUTH FEDERAL HIGHWAY
SUITE 101A
FORT LAUDERDALE, FL 33316

7. Name and Address of New Registered Agent

Name
THEODORE R. MOLINARI
Street Address (P.O. Box Number is Not Acceptable)
5340 N. FEDERAL HWY #102
City **LIGHTHOUSE POINT** FL Zip Code **33064**

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 Theodore R. Molinari **THEODORE R. MOLINARI** 10/17/05
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, 2006, 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
MGR
MOLINARI, THEODORE R ☐ Delete
2930 N.E. 23RD COURT
POMPANO BEACH, FL 33062

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
WILKES, JOHN P ☒ Delete
901 SOUTH FEDERAL HIGHWAY, SUITE 101A
FORT LAUDERDALE, FL 33316

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

TITLE
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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: Theodore R. Molinari **THEODORE R. MOLINARI** 10/17/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #