

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 OCT 14 AM 10:05

DOCUMENT # L04000014452 1. Entity Name NATIONAL SECURITY TITLE AGENCIES OF FLORIDA, LLC					
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		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WILKES, JOHN P 901 SOUTH FEDERAL HIGHWAY SUITE 101A FORT LAUDERDALE, FL 33316				Name THEODORE R. MOLINARI Street Address (P.O. Box Number is Not Acceptable) 3340 N. FEDERAL HWY. 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 <u><i>Richard C. Wenner</i></u> 10-18-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 2930 N.E. 23RD COURT POMPANO BEACH, FL 33062	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILKES, JOHN P 901 SOUTH FEDERAL HIGHWAY, SUITE 101A FORT LAUDERDALE, FL 33316	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			<input type="checkbox"/> Change <input type="checkbox"/> 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 <u><i>Richard C. Wenner</i></u> 10-10-05 954-481-6600 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					