


PLEASE READ ALL INSTRUCTIONS BEFORE COM

FILED
Jun 13, 2005 8:00 am
Secretary of State

06-13-2005 90320 009 *****50.00

20060036

LIMITED LIABILITY COMPANY 2005 AR		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L04000019276			
1. Limited Liability Company's Name 1st Generation Title Services LLC			
2. Principal Office Address 1510 Hancock Bridge Pkwy Suite, Apt. #, etc. #6 City & State Cape Coral, Florida Zip Country 33990 Lee		3. Mailing Office Address 1510 Hancock Bridge Pkwy Suite, Apt. #, etc. #6 City & State Cape Coral, Florida Zip Country 33990 Lee	
4. State/Country of Formation		5. Date Organized or Qualified To Do Business in Florida 07-00-05	
6. FEI Number 201026530		Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent			
Name ZAida L. Carroll			
Street Address (P.O. Box Number is Not Acceptable) 1016 SW 37TH STREET 1567 SE 1st Place			
Suite, Apt. #, Etc.			
City Cape Coral		State FL	Zip Code 33904
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 _____		Date _____	
REGISTERED AGENT MUST SIGN			
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
MGR	ZAida L. Carroll	1016 SW 37TH STREET	Cape Coral FL 33904
MGR	Dale A. Blow	2018 SE 21ST STREET	Cape Coral FL 33990
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 <u>Zaida L. Carroll</u>		Date <u>4.30.05</u>	Daytime Phone # <u>239.573.9929</u>
Typed or printed name of signing Managing Member/Manager <u>Zaida Lyn Carroll</u>			

CR2E041 (10/02)