

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000042500

1. Limited Liability Company's Name

FLORIDA ESCROW SERVICES, LLC

2. Principal Office Address - No P.O. Box #

7700 N. KENDALL DR.

3. Mailing Office Address

Suite, Apt. #, etc.

SUITE 304

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33156

Country

USA

Zip

Country

4. State/Country of Formation

USA

5. Date Organized or Qualified
To Do Business in Florida

6/3/2004

6. FEI Number

20-1187238

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

MICHAEL SHAUGHNESSY

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

7700 N. KENDALL DR.

Suite, Apt. #, Etc.

SUITE 304

City

MIAMI,

State

FL

Zip Code

33156

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

Date 4/27/2007

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 |
|--------|--------------------------------------|---|---|
| MGRM | MICHAEL SHAUGHNESSY | 7700 N. KENDALL DR., STE.304 | MIAMI, FL 33156 |
| | | | 200104889122 05/26/07--01049--013 **150.00 |
| | | | REINSTATEMENT |
| | | | 06-07 |
| | | | 200104889122 05/26/07--01049--013 **150.00 |

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

Date 4/27/2007

Daytime Phone # (786) 256-3494

Typed or printed name of signing Managing Member/Manager

MICHAEL SHAUGHNESSY