

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000055982

**FILED**  
**Oct 14, 2005**  
**Secretary of State**

**Entity Name:** PRIORITY ONE TITLE SERVICES, LLC

**Current Principal Place of Business:**

2923 EL PRADO BLVD  
TAMPA, FL 33629 US

**New Principal Place of Business:**

201 LAUREL PL  
407  
TAMPA, FL 33602 US

**Current Mailing Address:**

2923 EL PRADO BLVD  
TAMPA, FL 33629 US

**New Mailing Address:**

201 LAUREL PL  
407  
TAMPA, FL 33602 US

**FEI Number:** 42-1585591      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

GIFFONE, FRANK  
2923 EL PRADO BLVD  
TAMPA, FL 33629 US

**Name and Address of New Registered Agent:**

GIFFONE, FRANK  
201 LAUREL PL  
407  
TAMPA, FL 33602 US

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 GIFFONE

10/14/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GIFFONE, FRANK  
Address: 2923 EL PRADO BLVD  
City-St-Zip: TAMPA, FL 33629 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GIFFONE, FRANK  
Address: 201 LAUREL PL APT 407  
City-St-Zip: TAMPA, FL 33602 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 GIFFONE

MM

10/14/2005

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