



# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 OCT -3 AM 9:08

<b>DOCUMENT # L04000061543</b> 1. Entity Name <b>FOUNDER'S TITLE AGENCY OF DUVAL, LLC</b>					
Principal Place of Business 7855 ARGYLE FOREST BLVD STE. 202 JACKSONVILLE, FL 32244			Mailing Address 7855 ARGYLE FOREST BLVD STE. 202 JACKSONVILLE, FL 32244		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		09272005 REIN-LLC CR2E101 (6/04)	
Zip	Country	Zip	Country	4. FEI Number <b>20-1512270</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>HEDGES, RONALD E</b> <b>101 SUNNYTOWN ROAD STE. 302</b> <b>CASSELBERRY, FL 32707</b>				7. Name and Address of New Registered Agent Name <b>BRANDY WILLIAMS</b> Street Address (P.O. Box Number is Not Acceptable) <b>101 SUNNYTOWN ROAD, SUITE 101</b> City <b>CASSELBERRY</b> <b>FL</b> Zip Code <b>32707</b>	
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 <i>Brandy</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>		<b>TRUSTEE</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<b>9-27-05</b> <small>DATE</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2006, Fee will be \$200.00</b>			Make check payable to <b>Florida Department of State</b>		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR H&S OF WINTER PARK, INC. 101 SUNNYTOWN ROAD STE. 302 CASSELBERRY, FL 32707		TITLE NAME STREET ADDRESS CITY - ST - ZIP	500060185065 10/03/05--01053--006 **150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	REINSTATEMENT 2005	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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: <i>Brandy</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<b>BRANDY WILLIAMS</b> 9-27-05 407-381-4844 <small>Date Daytime Phone #</small>			