


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT -3 AM 9:08

| | | | | | |
|---|--|---------------------|--|--|--|
| DOCUMENT # L04000061777 1. Entity Name PREMIER TITLE & ABSTRACT OF DAYTONA BEACH, LLC | | | |  | |
| Principal Place of Business 2750 S. RIDGEWOOD AVE. SUITE A SOUTH DAYTONA, FL 32119 | | | Mailing Address 2750 S. RIDGEWOOD AVE. SUITE A SOUTH DAYTONA, FL 32119 | | |
| 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 | |
| HEDGES, RONALD E 101 SUNNYTOWN ROAD SUITE 302 CASSELBERRY, FL 32707 | | | | Name <u>BRANDY WILLIAMS</u> Street Address (P.O. Box Number is Not Acceptable) <u>101 SUNNYTOWN ROAD, SUITE 101</u> City <u>CASSELBERRY</u> <u>FL</u> Zip Code <u>32707</u> | |
| 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>[Signature]</u> <u>TRUSTEE</u> <u>9-27-05</u> <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 \$150.00 After January 1, 2006, Fee will be \$200.00 | | | Make check payable to: Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR H & S OF WINTER PARK, INC. 101 SUNNYTOWN ROAD SUITE 302 CASSELBERRY, FL 32707 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 700060185127 10/03/05--01053--007 **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 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 | |
| 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | <u>BRANDY WILLIAMS</u> <u>9-27-05</u> <u>407-831-4844</u> <small>Date Daytime Phone #</small> | | |