

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000007936

Entity Name: ANTIGUA TITLE, LLC

FILED
Sep 20, 2006
Secretary of State

Current Principal Place of Business:

284 GENEVA DRIVE
OVIEDO, FL 32765 US

New Principal Place of Business:

Current Mailing Address:

284 GENEVA DRIVE
OVIEDO, FL 32765 US

New Mailing Address:

FEI Number: 20-2270648 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:

LUIZ, CRAIG
284 GENEVA DRIVE
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

LUIZ, CRAIG D
284 GENEVA DRIVE
OVIEDO, FL 32765 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: CRAIG D. LUIZ

09/20/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LUIZ, CRAIG
Address: 284 GENEVA DRIVE
City-St-Zip: OVIEDO, FL 32765 US

Title: MGRM () Delete
Name: LUIZ, JOAQUIM
Address: 284 GENEVA DRIVE
City-St-Zip: OVIEDO, FL 32765 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LUIZ, CRAIG D
Address: 284 GENEVA DRIVE
City-St-Zip: OVIEDO, FL 32765 US

Title: MGRM (X) Change () Addition
Name: LUIZ, JOAQUIM D III
Address: 284 GENEVA DRIVE
City-St-Zip: OVIEDO, FL 32765 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: CRAIG D. LUIZ

MGRM

09/20/2006

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