

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 SEP 19 AM 10:09

**DOCUMENT # L05000018566**

1. Limited Liability Company's Name

Axis Title and Escrow, LLC

CR2E041 (12/07)

<b>2. Principal Office Address - No P.O. Box #</b> 80 SW 8th Street Suite, Apt. #, etc. Suite 2100 City & State Miami, FL Zip 33130 Country USA		<b>3. Mailing Office Address</b> 80 SW 8th Street Suite, Apt. #, etc. Suite 2100 City & State Miami, FL Zip 33130 Country USA	
--	--	--	--

<b>4. State/Country of Formation</b> Florida	
<b>5. Date Organized or Qualified To Do Business in Florida</b> 2/23/05	
<b>6. FEI Number</b> 20-2385864	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	

<b>8. Name and Address of Current Registered Agent</b>			
Name Gustavo de Zendegui			
Street Address (P.O. Box Number is Not Acceptable) 80 SW 8th Street			
Suite, Apt. #, Etc. Suite 2100			
City Miami	State FL	Zip Code 33130	

☐ 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

9/15/08

**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
MEM MM	Gustavo de Zendegui	80 SW 8th Street, Suite 2100	Miami, FL 33130

400135988144  
09/16/08--01040--009 \*\*377.50

REINSTATEMENT  
07-08  
Wet

11. I certify that I am managing member/manager of 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

9/15/08

Daytime Phone #

305-579-3333

Typed or printed name of signing Managing Member/Manager

Gustavo de Zendegui