

**2006 LIMITED LIABILITY COMPANY  
REINSTATEMENT**

DOCUMENT # L05000022426	
1. Entity Name FIRST PRIORITY TITLE SERVICES, LLC	



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 OCT 25 AM 10:23

Principal Place of Business 6039 SAND HILL RIDGE DRIVE LITHIA, FL 33547	Mailing Address 6039 SAND HILL RIDGE DRIVE LITHIA, FL 33547
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2. Principal Place of Business 1463 Oakfield Dr. Suite, Apt. #, etc. 134	3. Mailing Address 1463 Oakfield Dr. Suite, Apt. #, etc. 134		
City & State Brandon FL	City & State Brandon FL		
Zip 33511	Country USA	Zip 33511	Country USA
6. Name and Address of Current Registered Agent WHITE, ADRIENNE L 11011 LAUREL BROOK COURT RIVerview, FL 33569		4. FEI Number 50-1965294	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
		7. Name and Address of New Registered Agent Name Adrienne L White Street Address (P.O. Box Number is Not Acceptable) 3704 Kentfield Place City Valrico	
		City FL Zip Code 33594	

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 *Adrienne L White* DATE *10-20-06*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
9. MANAGING MEMBERS/MANAGERS		
10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALMEIDA, PAUL 4026 WINDING VINE COURT BRANDON, FL 33511	<input type="checkbox"/> Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  600081194266 10/25/06--01055--018 **55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WHITE, ADRIENNE 11011 LAUREL BROOK COURT RIVerview, FL 33569	<input type="checkbox"/> Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  MGR White, Adrienne 3704 Kentfield Pl Valrico, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  <input checked="" 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 2006
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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Adrienne L White* DATE *10-20-06 813 689-9017*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #