



2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 25 AM 10:23

DOCUMENT # L05000022426					
1. Entity Name FIRST PRIORITY TITLE SERVICES, LLC					
Principal Place of Business 6039 SAND HILL RIDGE DRIVE LITHIA, FL 33547			Mailing Address 6039 SAND HILL RIDGE DRIVE LITHIA, FL 33547		
2. Principal Place of Business 1463 Oakfield Dr. Suite, Apt. #, etc. 134 City & State Brandon FL Zip 33511 Country USA		3. Mailing Address 1463 Oakfield Dr. Suite, Apt. #, etc. 134 City & State Brandon FL Zip 33511 Country USA		 10242006 REIN-LLC CR2E101 (11/05)	
4. FEI Number 40-1965294				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent WHITE, ADRIENNE L 11011 LAUREL BROOK COURT RIVERVIEW, FL 33569			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 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: <u>Adrienne L White</u> DATE: <u>10-20-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	600091194286 10/25/06--01055--018 **55.00 MGR White, Adrienne 3704 Kentfield Pl Valrico, FL 33594 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WHITE, ADRIANNE 11011 LAUREL BROOK COURT RIVERVIEW, FL 33569 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2006 <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		
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: 10-20-06 813 689-9077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE