

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED
Oct 13, 2006
Secretary of State**

DOCUMENT# L05000054104

Entity Name: 1ST QUALITY TITLE, LLC

Current Principal Place of Business:

1531 SE 36TH AVENUE
OCALA, FL 34471

New Principal Place of Business:

3227 S.E. MARICAMP ROAD
STE. 101
OCALA, FL 34471

Current Mailing Address:

1531 SE 36TH AVENUE
OCALA, FL 34471

New Mailing Address:

3227 S.E. MARICAMP ROAD
STE. 101
OCALA, FL 34471

FEI Number: 20-2938581 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

GOODING, W. JAMES III ESQ
1531 SE 36TH AVENUE
OCALA, FL 34471 US

Name and Address of New Registered Agent:

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: JAMES W. GOODING III ESQUIRE

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: JDCC, LLC,
Address: 3227 SE MARICAMP ROAD, STE. 101
City-St-Zip: Ocala, FL 34471 US

Title: MGR () Change (X) Addition
Name: KTI, LLC,
Address: 3227 SE MARICAMP ROAD, STE. 101
City-St-Zip: Ocala, FL 34471 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: CHRISTINE R. TIPPETT

MGR

10/13/2006

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