

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

08 MAY 15 PM 1:45

SECRETARY OF STATE
TALLAHASSEE FLORIDA



04212008 REIN-LLC CR2E101 (1/07)

DOCUMENT # L05000123368					
1. Entity Name BFLW TITLE PARTNERS, LLC					
Principal Place of Business 350 FAIRWAY DRIVE SUITE 101 DEERFIELD BEACH, FL 33309			Mailing Address 350 FAIRWAY DRIVE SUITE 101 DEERFIELD BEACH, FL 33309		
2. Principal Place of Business - No P.O. Box # 1515 South Federal Hwy. Suite, Apt. #, etc. Ste. 403 City & State Boca Raton, FL Zip 33432		3. Mailing Address 1515 South Federal Hwy. Suite, Apt. #, etc. Ste. 403 City & State Boca Raton, FL Zip 33432		4. FEI Number 59-3349668	
Country		Country		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent HARRIS, SCOTT 350 FAIRWAY DRIVE SUITE 101 DEERFIELD BEACH, FL 33309	
7. Name and Address of New Registered Agent Name Frank Camperlengo Street Address (P.O. Box Number is Not Acceptable) 780 Carillon Pkwy., Ste. 150 City St. Petersburg FL Zip Code 33716				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>Frank D. Camperlengo</u> DATE <u>4-29-08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$277.50		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	MR FELDSTEIN, GLENN 350 FAIRWAY DRIVE DEERFEILD BEACH, FL 33441		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR Feldstein, Glenn 1515 South Federal Hwy., Ste. 403 Boca Raton, FL 33432	
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	<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	
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: <u>Frank D. Camperlengo</u>			DATE: <u>4-29-08</u> DAYTIME PHONE #: <u>(272)549-3300</u>		