2007 LIMITED LIABILITY COMPANY REINSTATEMENT

Melling Address 155 CRYSTAL BEACH PR. 155 CRYSTAL BEACH PROSES Sutta, Apt. 4. etc. 150 Country 20 Country 20 Country 20 Country 20 Country 20 Country 3. Mailing Address Sutta, Apt. 4. etc. 150 Country 20 Country 20 Country 3. Cartification of Situate Desired 3. St. 20 Auditional 4. FEI Number 20 - 4.351870 Name 20 - 4. St. 20 Country 3. Cartification of Situate Desired 5. St. 20 Auditional 5. Name and Address of New Registered Agent HICKMAN, HAROLD STREAM FROM THE Statement for the purpose of changing its registered office or registered flagent, and the collegations of registered deget. 5. The abloca named entity about this distancement for the purpose of changing its registered adject, or registered flagent, and the collegations of registered adject, and the collegations of registered adject. 5. The Advancement of the purpose of changing its registered adject, or registered flagent, and the collegations of registered adject, and the collegations of	DOCUMENT # L06000012424 1. Entity Name STEWART TITLE PANHANDLE, L.L.C.							1867 ON HOURST 2: 314	
2. Principal Parar of Susiness - No P.O. Box # 3. Mailing Address Surin, Apt. #, etc. 092/2007 REIN-LLC CR2E101 (1/07) City & State Cry & State Cry & State A. FEI Number 20-4351870 Another Another Another Another Another Respirate Respira	155 CRYSTAL BEACH DR.			155 CRYSTAL BEACH DR.					
Sulte. Apt. #, etc. Sulte. Apt. #, etc.	DESTIN, FL	32541 U	5	DESTIN, FL 32541 US			ĺ) 	
City & State Country City FL Zip Code City City FL Zip Code City City FL Zip Code City City FL Zip Code City City FL Zip Code City City FL Zip Code City City FL Zip Code City FL Zip Code City City FL Zip Code City City FL Zip Code City FL Zip Code City City FL Zip Code City FL Zip Code City City FL Zip Code After January 1, 2008, Fee will be \$100.00 P. MANAGING MEMBERS /MANAGERS City Siz Zip City Siz Zi	2. Principal Pl	lace of Busin	ess - No P.O. Box#	3. Mailing Address			·		
20 - 4351870 Not Applicable St. Outliny	Suite, Apt. #, etc.			Suite, Apt. #, etc.				09242007 REIN-LLC CR2E101 (1/07)	
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HICKMAN, HAROLD 3401 WEST CYPRESS SUITE 202 TAMPA, FL 33607 City City FL Zip Code 8. The above named entity splicing this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am legitlar with, and accept the obligations of registered agent, or both, in the State of Florida. I am legitlar with, and accept the obligations of registered agent, or both, in the State of Florida. I am legitlar with, and accept the obligations of registered agent, or both, in the State of Florida. I am legitlar with, and accept the obligations of registered agent, or both, in the State of Florida. I am legitlar with, and accept the obligations of registered agent, or both, in the State of Florida. I am legitlar with, and accept the obligations of registered agent, or both, in the State of Florida. I am legitlar with, and accept the obligations of registered agent, or both, in the State of Florida. I am legitlar with, and accept the obligations of registered agent, or both, in the State of Florida. I am legitlar with, and accept the obligations of registered agent, or both, in the State of Florida. I am legitlar with, and accept the obligations of registered agent, or both, in the State of Florida. I am legitlar with, and accept the obligations required agent agen								20-4351870 Not Applicable	
HICKMAN, HAROLD 3401 WEST CYPRESS SUITE 202 TAMPA, FL 33607 City FL Zip Code 8. The above caread arrity sportly interested adjust. 9. The above caread arrity sportly interested adjust. 1. The above caread adjust. 1. The above caread arrity sportly interested adjust. 1. The above caread adjust. 1.	Zip					try		Fee Required	
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City		6. Name	and Address of Current R	egistered Agent					
TAMPA, FL 33807 City FL Zip Code 5. The above named entity sports this statement for the purpose of changing its registered office or registered agent, or both, in the Siste of Rords. I am fegilitar with, and accept the obligations of registered agent, or both, in the Siste of Rords. I am fegilitar with, and accept the obligations of registered agent, or both, in the Siste of Rords. I am fegilitar with, and accept the obligations of registered agent, or both, in the Siste of Rords. I am fegilitar with, and accept the obligations of registered agent, or both, in the Siste of Rords. I am fegilitar with, and accept the obligations of registered agent, or both, in the Siste of Rords. I am fegilitar with, and accept the obligations of registered agent, or both, in the Siste of Rords. I am fegilitar with, and accept the obligations of registered agent, or both, in the Siste of Rords. I am fegilitar with, and accept the obligations of registered agent, or both, in the Siste of Rords. I am fegilitar with, and accept the obligations of registered agent, or both, in the Siste of Rords. I am fegilitar with, and accept the obligations of registered agent, or both, in the Siste of Rords. I am fegilitar with, and accept the obligations of registered agent, or both, in the Siste of Rords. I am fegilitar with, and accept the obligations of registered agent, or both, in the Siste of Rords. I am fegilitar with, and accept the obligations of registered agent, or both, in the Siste of Rords. I am fegilitar with, and accept the obligations of registered agent, or both, in the Siste of Rords. I am fegilitar with, and accept the obligations of Rords. I am fegilitar with, and accept the obligations of Rords. I am fegilitar with, and accept the property of Rords. I am fegilitar with a sister Rords. I am fegilitar with a ferificated on the rords and accept the Rords. I am fegilitar with a ferificated on the rords and accept the Rords. I am fegilitar with a ferificated on the rords accept the property of Rords accept the Rords. I am fe	3401 WEST CYPRESS			/		Street Address (P.O. Box Number is Not Acceptable)			
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 Roids. I am register with, and accept the actility and accept the actility of the statement for the purpose of changing its registered agent, or both, in the State of Roids. I am register with, and accept the deligations of registered agent, or both, in the State of Roids. I am register with, and accept the prior notice of the state of Roids. I am register with, and accept the prior notice of Roids and Accept the prior notice. FILE NOW!!! FEE IS \$50.00									
SIGNATURE FILE NOW!! FEE IS \$50.00 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Fiorida Department of State			Δ					FL	
FILE NOW!! FEE IS \$50.00 After January 1, 2008, 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. Fiorida Department of State In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Fiorida Department of State In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Fiorida Department of State In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Fiorida Department of State Fiorida Department of State In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Fiorida Department of State Fiorida Department of State In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Fiorida Department of State Fiorida Department of State In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Fiorida Department of State Fiorida Department of State Fiorida Department of State Fiorida Department of State In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Fiorida Department of State Fiorida Department of State Fiorida Department of State Fiorida Department of State In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Fiorida Department of State Fiorida Department	the obligations of registered adent.								
After January 1, 2008, Fee will be \$100.00 Ilability company did not receive the prior notice. Florida Department of State	SIGNATURE								
TITLE MARC HICKMAN, HAROLD NAME HICKMAN, HAROLD NAME HICKMAN, HAROLD NAME STREET ADDRESS CITY-ST-2IP Delete TITLE MARC NAME STREET ADDRESS CITY-ST-2IP Delete TITLE NAME NAME STREET ADDRESS CITY-ST-2IP DELETE ADDRESS CITY-ST-2IP DELETE ADDRESS CITY-ST-2IP DELETE ADDRESS CITY-ST-2IP STREET ADDRESS CI									
HICKMAN, HAROLD STREET ADDRESS TAMPA, FL 33607 TITLE T		MGB	MANAGING MEMBER		_		<i>i</i> ₽₩ 01		
TITLE Delete TITLE MGF Change Addition NAME	NAME STREET ADDRESS	HICKMAN 3401 WE	ST CYPRESS, SUITE 20		NAM	E Et address	MG 185	CPYSTAL BEACH DR.	
TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS	NAME STREET ADDRESS			☐ Delate	NAM STRE	E Et address	MGE Kuri	Change ☑ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP Delete TITLE MAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE MAME STREET ADDRESS CITY-ST-ZIP Delete TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE					-				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S	STREET ADDRESS				STR	EET ADDRESS	3461	W. CYPPESS	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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-englia 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.	TITLE NAME STREET ADDRESS			☐ Delele	TITL NAM STRI	E EET ADDRESS		☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP 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.	NAME STREET ADDRESS			☐ Delete	NAM STRI	ie Eet address	iostic	" (
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. 9/32/07 8/3-876-06-19	NAME STREET ADDRESS			□ Dekla	NAM STRI	Æ EET ADDRESS	9 8	☐ Change ☐ Addition	
SIGNATURE: 4 - 10619	indicated on this report is true_end 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 religiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Opytime Proces	SIGNAT	URE:	AND THE O OR BUILDING MALLS OF	SIGNING MANAGING NEWSER	Heber	ANTHORITE	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		