

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000068342

FILED
Oct 22, 2007
Secretary of State

Entity Name: COLONIAL TRUST TITLE, LLC

Current Principal Place of Business:

5601 COLLINS AVE. APT #1715
MIAMI BEACH, FL 33140

New Principal Place of Business:

19341 NW 8 ST
PEMBROKE PINES, FL 33029

Current Mailing Address:

5601 COLLINS AVE. APT #1715
MIAMI BEACH, FL 33140

New Mailing Address:

19341 NW 8 ST
PEMBROKE PINES, FL 33029

FEI Number: 26-1274968 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

BAEZ, ILKANIA A
5601 COLLINS AVE. APT #1715
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

BAEZ, ILKANIA A
19341 NW 8 ST
PEMBROKE PINES, FL 33029 US

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: ILKANIA BAEZ

10/22/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BAEZ, ILKANIA A
Address: 5601 COLLINS AVE. APT #1715
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGR () Delete
Name: MOGOLLON, JOSEFINA
Address: 5601 COLLINS AVE. APT #1715
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BAEZ, ILKANIA A
Address: 19341 NW 8 ST
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGR (X) Change () Addition
Name: BAEZ, ILKANIA A
Address: 19341 NW 8 ST
City-St-Zip: PEMBROKE PINES, FL 33029

I hereby certify that the information supplied with this filing does not qualify 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: ILKANIA BAEZ

MGR

10/22/2007

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