

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000088678

FILED
Sep 17, 2007
Secretary of State

Entity Name: ATLANTIC SHORES TITLE, LLC

Current Principal Place of Business:

1014 LAKE AVE.
SUITE 3
LAKE WORTH, FL 33460 US

Current Mailing Address:

1014 LAKE AVE.
SUITE 3
LAKE WORTH, FL 33460 US

New Principal Place of Business:

2425 EAST COMMERCIAL BLVD
SUITE 302
FT LAUDERDALE, FL 33308 US

New Mailing Address:

2425 EAST COMMERCIAL BLVD
SUITE 302
FT LAUDERDALE, FL 33308 US

FEI Number: 75-3221774

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

IACOBONI, GINO F
2840 SW 22 AVE
APT# 316
DELRAY BEACH, FL 33445 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: GINO F IACOBONI

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: IACOBONI, GINO F
Address: 2840 SW 22 AVE #316
City-St-Zip: DELRAY BEACH, FL 33445 US

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: IACOBONI, GINO F
Address: 2840 SW 22 AVE #316
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: MGRM () Change (X) Addition
Name: ROMNEY, LISA A
Address: 2840 SW 22 AVE #316
City-St-Zip: DELRAY BEACH, FL 33445 US

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: LISA A ROMNEY

MGRM

09/17/2007

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