FILED
14 JAN -3 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT

13-14 CR2E041 (12/13)

DOCUMENT #

1. Limited Liability Company's Name
#L10000056835, NEW VALLEY TITLE SERVICES LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4400 BISCAYNE BLVD.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
10TH FLOOR	
City & State	City & State
MIAMI, FL	
Zip / Country	Zip / Country
33137 / USA	

4. State/Country of Formation
FLORIDA, US

5. Date Organized or Qualified To Do Business in Florida
MAY 28, 2010

6. FEI Number
65-0949535
☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
CT CORPORATION

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City	State	Zip Code
PLANTATION,	FL	33324

E-mail Address:
BRODRIGUEZ@VECTORGROUPLTD.COM
(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent Madonna Cuddihy Special Assistant Secretary Date 01/02/2014
REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Title AMB/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
MGR	VANESSA GROUT	4400 BISCAYNE BLVD. 10TH FLOOR	MIAMI, FL 33137
MGR	MARC N. BELL	4400 BISCAYNE BLVD. 10TH FLOOR	MIAMI, FL 33137
MGR	J. BRYANT KIRKLAND III	4400 BISCAYNE BLVD. 10TH FLOOR	MIAMI, FL 33137
			JAN 0 3 2014
			S. PRATHER

11. I certify that I am an authorized person empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of Chapter 605, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Authorized Person _____ Date 01/02/2014 Daytime Phone # 305-579-8000

Typed or printed name of signing Authorized Person MARC N. BELL

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000001510 3)))

H14000001510 3ABCM

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LIMITED LIABILITY REINSTATEMENT
NEW VALLEY TITLE SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$377.50

Electronic Filing Menu Corporate Filing Menu Help