

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED *W.C./17*

01 JAN 11 AM 11:36

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

L98-2595

1. Limited Liability Company's Name

Title Associates, L.L.C.

2. Principal Office Address

2958 1st Ave., North

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

Zip

33713

Country

USA

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

59-3540896

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

Albert C. Kreischer, Jr.

Street Address (P.O. Box Number is Not Acceptable)

1407 W. Busch Blvd.

Suite, Apt. #, Etc.

City

Tampa, FL

State

FL

Zip Code

33612

700003856407--9

03/16/01--01091-011

***150.00 ***50.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

12/15/00

10. Names and Street Addresses of Managing Members/Managers

Titles

Name of
Managing Members/Managers

Street Address of Each
Managing Member/Manager

City / State / Zip

MGR

ALBERT C. KREISCHER JR

1407 W BUSCH BLVD
TAMPA, FL 33612

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 section 608.406, 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.

Signature of
Managing Member/Manager

Date

1/8/01

Daytime Phone #

813/933-6647

Typed or printed name of signing Managing Member/Manager

ALBERT C KREISCHER, JR