

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY

COMPANY

2000 UBR

SECRETARY OF STATE
DIVISION OF CORPORATIONS

FILED

00 OCT 17 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100003459051--2
-11/09/00--01082--004
*****50.00 *****50.00

DOCUMENT #

L99000006801

1. Limited Liability Company's Name

Allstate Title Group, LLC

2. Principal Office Address

4751 San Juan Ave

3. Mailing Office Address

4751 San Juan Ave

(Suite) Apt. #, etc.

Suite # 12

(Suite) Apt. #, etc.

Suite # 12

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip

32210

Country

U.S.

Zip

32210

Country

U.S.

4. State/Country of Formation

Florida / U.S.

5. Date Organized or Qualified
To Do Business in Florida

10/15/1999

6. FEI Number

59-3596244

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

~~Lisa A. Betros~~

Timothy W. Betros

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

~~7053 Hyde Green Ave~~ 4751 San Juan Ave

(Suite) Apt. #, Etc.

Suite # 12

City

Jacksonville

State

FL

Zip Code

32210

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

[Signature]

Date

10/17/00

REGISTERED AGENT MUST SIGN

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
<i>Mgr</i>	Lisa A. Betros	7053 Hyde Green Ave.	Jacksonville FL 32210
<i>Mgr</i>	Timothy W. Betros	7053 Hyde Green Ave	Jacksonville FL 32210

THIS IS THE UNIFORM BUSINESS REPORT FOR THE YEAR 2000.

APC 10/17

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

[Signature]

Date

10/17/00

Daytime Phone #

(904) 3843554

Typed or printed name of signing Managing Member/Manager