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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L99000006801

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF REVENUE
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED
 AND
 FILED

03 OCT 17 AM 10:12

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

1. DOCUMENT # L99000006801

Name and Mailing Address

0001628 01 AT 0.292 **AUTO TB 0 0615 32210-326112



ALLSTATE TITLE GROUP, LLC
 4751 SAN JUAN AVENUE, SUITE 12
 JACKSONVILLE FL 32210-3261



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/15/1999	
Principal Place of Business 4751 SAN JUAN AVENUE, SUITE 12 JACKSONVILLE FL 32210	3. New Principal Place of Business Address 12 City, State, Zip	6. FEI Number 59-3596244	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent BETROS, LISA A 4751 SAN JUAN AVENUE, SUITE 12 JACKSONVILLE FL 32210	9. Name and Address of New Registered Agent Name Street Address (P.O. Box) 10/17/03-01090-004 **150.00 City FL Zip Code
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10. 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 Lisa Betros **SIGNATURE REQUIRED**
 REGISTERED AGENT MUST SIGN

Date 10/16/03

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	BETROS, LISA A	4751 SAN JUAN AVE., STE 12	JACKSONVILLE FL 32210

REINSTATEMENT 2003

JB

12. 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 Lisa Betros **SIGNATURE REQUIRED** Date 10/16/03 Daytime Phone # (904) 384-3554

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)