

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

00 DEC 20 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA.

REINSTATEMENT 2000

DOCUMENT #

L99/9382

1. Limited Liability Company's Name

L99000009382

Paramount Title of Polk County, LLC

2. Principal Office Address

2600 S. Florida Ave, Suite 2A

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite 2A

Suite, Apt. #, etc.

City & State

Lakeland, FL 33803

City & State

Zip

33803

Country

Polk

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida
3/2000

6. FEI Number

59-3615228

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

Carey F. Highsmith

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

500 S. Florida Avenue, 1st Floor

Suite, Apt. #, Etc.

City

Lakeland,

State

FL

Zip Code

33801

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

Carey F. Highsmith D AGENT MUST SIGN

Date 10/16/2000

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
MGRM President & managing director	Carey F. Highsmith	500 S. Florida Avenue	Lakeland, FL 33801
V-Pres.	Melodie Fridovich	2600 S. Florida Avenue, Suite 2A	Lakeland, FL 33803

11. I certify that I am managing member/manager of 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

Carey F. Highsmith

Date 10/16/2000

Daytime Phone # 863-686-8177

Typed or printed name of signing Managing Member/Manager