

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

08 APR 23 AM 10:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800125146778  
04/23/08--01002--020 \*\*655.00

CR2E041 (12/07)

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # MD4000000180

1. Limited Liability Company's Name

ATLAS TITLE AGENCY, LLC

2. Principal Office Address - No P.O. Box #

3974 BROWN PARK

Suite, Apt. #, etc.

F

City & State

HILLIARD, OH

Zip

43026

Country

FRANKLIN

3. Mailing Office Address

3974 BROWN PARK

Suite, Apt. #, etc.

F

City & State

HILLIARD, OH

Zip

43026

Country

FRANKLIN

4. State/Country of Formation

OH -FRANKLIN

5. Date Organized or Qualified  
To Do Business in Florida

1-13-04

6. FEI Number

02-0592776

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

GREG LUCAS

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

4536 MITCHER RD

Suite, Apt. #, Etc.

City

NEW PORT RICHEY

State

FL

Zip Code

34652

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 4-16-08

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	GREG LUCAS	4536 MITCHER RD	NEW PORT RICHEY FL 34652
MGRM	KIMBERLEE SLAUGHTER	3974 BROWN PARK	HILLIARD, OH 43026
MGRM	AGNES LUCAS	3974 BROWN PARK	HILLIARD, OH 43026

REINSTATEMENT

05-08

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 4-16-08

Daytime Phone # 614-774-8550

Typed or printed name of signing Managing Member/Manager

GREG LUCAS