PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2006 JUN -8 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M04000001269

1. Limited Liability Company's Name
Liberty Title Company, LLC

05

CR2E041 (8/05)

2. Principal Office Address		**3.** Mailing Office Address	
1701 Barrett Lakes Blvd		Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
505			
City & State		City & State	
Kennesaw GA			
Zip	Country	Zip	Country
30144	USA		

4. State/Country of Formation
Georgia

5. Date Organized or Qualified To Do Business in Florida 04/02/2004

6. FEI Number 03-0415113 ☐ 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
C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

600078364616
06/20/06--01014--010 **20.00

Suite, Apt. #, Etc.

City	State	Zip Code
Plantation	FL	33324

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.

Jennifer F. Aultman
Assistant Secretary

Signature of Registered Agent _____ Date 6/2/2006

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
Mgr	Sally Farrar	3111 Greysen Manor	Kennesaw, GA 30152
Mgr	Clayton Anderson	3129 Kates Way	Kennesaw, GA 30152
Mgr	Kelly Ogden	COO	Kennesaw, GA 30152
		REINSTATEMENT	2005-2006

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 _____ COO Date 6/2/06 Daytime Phone # 678-797-0224

Typed or printed name of signing Managing Member/Manager Sally A Farrar