

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M07000000245

**FILED**  
**Oct 13, 2009**  
**Secretary of State**

**Entity Name:** TIDEWATER TITLE GROUP, LLC

**Current Principal Place of Business:**

5350 KEMPS RIVER DRIVE, STE 108B  
VIRGINIA BEACH, VA 23464

**New Principal Place of Business:**

**Current Mailing Address:**

5350 KEMPS RIVER DRIVE, STE 108B  
VIRGINIA BEACH, VA 23464

**New Mailing Address:**

**FEI Number:** 20-5677021      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MICHAEL I. BERNSTEIN, P.A.  
1688 MERIDIAN AVE, SUITE 418  
MIAMI BEACH, FL 33139 US

**Name and Address of New Registered Agent:**

TROY LEGAL, P.A.  
5295 TOWN CENTER RD. SUITE 300  
BOCA RATON, FL 33486 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SAMUEL R. TROY

10/13/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CAPLAN, L.T.  
Address: 5350 KEMPS RIVER DRIVE, STE 108 B  
City-St-Zip: VIRGINIA BEACH, VA 23464

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SAMUEL R. TROY

MGR

10/13/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date