

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -5 PM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M99000000283

1. Limited Liability Company's Name

First American Real Estate Flood & Tax Solutions LLC

2. Principal Office Address

8435 N. Stemmons Freeway

Suite, Apt. #, etc.

City & State

Dallas, TX

Zip
75247

Country
USA

3. Mailing Office Address

1 First American Way

Suite, Apt. #, etc.

City & State

Santa Ana, CA

Zip
92707

Country
USA

4. State/Country of Formation

DE

**5. Date Organized or Qualified
To Do Business in Florida**

02/26/1999

6. FEI Number

52-2135259

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code
32301

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

Eileen Wilt

REGISTERED AGENT MUST SIGN

Date

4/12/04

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	First American Real Estate Solutions LLC	8435 N. Stemmons Freeway	Dallas, TX 75247

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

Craig J. Zinda

Date

12/ /03

Daytime Phone

(214) 879-

Typed or printed name of signing Managing Member/Manager

Craig J. Zinda, Vice President

5119

CR2E041 (10/02)