2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000030543

1. Entity Name
SEMINOLE LIMITED TITLE AGENCY, INC.

FILED
FILED
04 NOV 19 AM 8:03
04 NOV 19 AM 8:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA
TALLAHASSEE, FLORIDA

10192004 REIN-P CR2E098 (6/04)

Principal Place of Business	Mailing Address
9912 CHARDONNAY DRIVE ORLANDO, FL 32832	9912 CHARDONNAY DRIVE ORLANDO, FL 32832

2. Principal Place of Business	3. Mailing Address
100 HIGHLINE DR	
Suite, Apt. #, etc. #100	Suite, Apt. #, etc.
City & State LONGWOOD, FL	City & State
Zip 32750 Country SEMINOLE	Zip Country

4. FEI Number 48-1305249 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
EMRICK, JOHANNA S 3209 DEER CHASE RUN LONGWOOD, FL 32779	Name ROBERT E. EMRICK Street Address (P.O. Box Number is Not Acceptable) 9912 CHARDONNAY DR. City ORLANDO, FL Zip Code 32832

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ROBERT E. EMRICK TREASURER 10/29/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2005, Fee will be $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EMRICK, JOHANNA S 3209 DEER CHASE RUN LONGWOOD, FL 32779	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 600042313736 10/29/04--01052--003 **750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER ROBERT EMRICK 9912 CHARDONNAY DR ORLANDO, FL 32832	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 11/1/04
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT E. EMRICK TREASURER 10/29/04 407-948-2341
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #