2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000020207

Entity Name: PLATINUM TITLE INSURANCE, INC.

FILED Oct 23, 2007 Secretary of State

US

Current Principa	al Place of Business:	New Principal Place of Business:

12763 TAMIAMI TRAIL

NORTH PORT, FL 34287 US

Current Mailing Address: New Mailing Address:

12763 TAMIAMI TRAIL 3280-55A TAMIAMI TRAIL

NORTH PORT, FL 34287 US 191
PORT CHARLOTTE, FL 33952

FEI Number: 20-0681532 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BELKNAP, MATTHEW G BRIGHT, KRISTI

12763 TAMIAMI TRAIL 3280-55A TAMIAMI TRAIL

NORTH PORT, FL 34287 US 191
PORT CHARLOTTE, FL 33952 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: KBRIGHT 10/23/2007

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOD () Delete Title: D (X) Change () Addition

Name: BELKNAP, MATTHEW G Name: BRIGHT, KRISTI L

 Address:
 22181 RIVERHEAD AVE
 Address:
 3280-55A TAMIAMI TRAIL #191

 City-St-Zip:
 PORT CHARLOTTE, FL 33952
 City-St-Zip:
 PORT CHARLOTTE, FL 33952

Title: P (X) Delete Title: () Change () Addition

 Name:
 BELKNAP, STEPHANIE A
 Name:

 Address:
 22181 RIVERHEAD AVE
 Address:

 City-St-Zip:
 PORT CHARLOTTE, FL 33952
 City-St-Zip:

Title: SEC (X) Delete Title: () Change () Addition

 Name:
 PLUM, CINDY
 Name:

 Address:
 27140 PARTIN DR
 Address:

 City-St-Zip:
 PUNTA GORDA, FL 33983
 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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRISTI BRIGHT D 10/23/2007