

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000030846

Entity Name: LEGACY TITLE GROUP, INC.

FILED  
Nov 25, 2008  
Secretary of State

## Current Principal Place of Business:

800 VILLAGE SQUARE CROSSING  
SUITE 215  
PALM BEACH GARDENS, FL 33410 US

## New Principal Place of Business:

641 UNIVERSITY BOULEVARD  
SUITE 203  
JUPITER, FL 33458 US

## Current Mailing Address:

800 VILLAGE SQUARE CROSSING  
SUITE 215  
PALM BEACH GARDENS, FL 33410 US

## New Mailing Address:

330 CENTER STREET  
JUPITER, FL 33458 US

FEI Number: 34-1987598

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHEINER, PATRICIA A  
800 VILLAGE SQUARE CROSSING  
SUITE 215  
PALM BEACH, FL 33410 US

## Name and Address of New Registered Agent:

SCHEINER, PATRICIA A  
330 CENTER STREET  
JUPITER  
FLORIDA, FL 33458 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: PATRICIA A. SCHEINER

11/25/2008

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:

Title: PVP ( ) Delete  
Name: SCHEINER, PATRICIA A  
Address: 800 VILLAGE SQUARE CROSSING, SUITE 215  
City-St-Zip: PALM BEACH GARDENS, FL 33410

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVP (X) Change ( ) Addition  
Name: SCHEINER, PATRICIA A  
Address: 330 CENTER STREET  
City-St-Zip: JUPITER, FL 33458

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: PATRICIA A. SCHEINER

PRES

11/25/2008

Electronic Signature of Signing Officer or Director

Date