2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P0400037317 1. Entity Name 1ST ADVANTAGE TITLE INSURANCE, INC.							FI	LED		
							07 00T 1	O 534 S	R: ∩ R	
Principal Place of Business 7855 ARGYLE FOREST BLVD SUITE 501 JACKSONVILLE, FL 32244			Mailing Address 7855 ARGYLE FOREST BLVD SUITE 501 JACKSONVILLE, FL 32244		O7 OCT TO AM 8: 08 CHONELLANT OF STATE TALLAHASSEE, FLORIDA					
2. Principal P	Place of Busin	ness - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			1008 PEINSTATEMENT 98 (1/07)				
City & State			City & State					oplied For ot Applicable		
Zip	Country		Zip Cour		ntry	5. Certificate of	5. Certificate of Status Desired S8.75 Addition Fee Required			
	6. Name	and Address of Current	Registered Agent	Agent		7. Name and A	ddress of New R	egistered A	gent	
HIGGINBOTHAM, SAMUEL L 505 JIMBAY DR ORANGE PARK, FL 32073					Name Street Address (P.O. Box Number	s Not Acceptable	·)	<u> </u>	
									<u> </u>	
					City			FL	Zip Code	9
	ions of regist	nered agent.	the purpose of changing it	SAM		NBOTHAM		78/07 DATE	imiliar with,	and accept
		EE IS \$750.00 08, Fee will be \$900.0	0							
10. TITLE	DO	OFFICERS AND	DIRECTORS Delete	11.		ADDITIONS/CH	ANGES TO OFF		DIRECTORS Change	
NAME STREET ADDRESS CITY-ST-ZIP	HIGGINBOTHAM, SAMUEL L				EET ADDRESS	DO 0 10/10/0) 1 1 DS: 701051	0522 -011 *	comme ≥:; *750.00	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O Delete HIGGINBOTHAM, DEBORAH J 505 JIMBAY DRIVE ORANGE PARK, FL 32073			TITLI NAM STRE	E				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP					E E EET ADDRESS -ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<i>y v</i>	☐ Delete		Į.				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	Addition
indicated of the cor	on this repor poration or the or on an atta	t or supplemental report is ne receiver or trustee empo	this filing does not qualify fi true and accurate and that wered to execute this repor yith all other like empowered	my signat t as requi	ture shall have the	same legal effect a	s if made under o	ath; that I ar	n an officer	or director
SIGNAI	UKE: _	SIGNATURE AND TYPED OR PO	RINTED NAME OFFICE	R OR DIRECT	FOR		Date	Oey Oey	ytime Phone #	