2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000048328

Entity Name: EMP STAR TITLE SERVICES, INC.

FILED Dec 07, 2007 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

1221 BRICKELL AVENUE 4300 SW 5TH TERRACE **SUITE 1120** MIAMI, FL 33134 MIAMI, FL 33131

New Mailing Address: Current Mailing Address:

1221 BRICKELL AVENUE 1717 N BAYSHORE DRIVE **SUITE 1120** MIAMI, FL 33132 US MIAMI, FL 33131 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

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

BEDARD, DENNIS R 1717 N BAYSHORE DRIVE SUITE 215 MIAMI, FL 33132 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: MAXANDRA DESROSIERS

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: () Delete Title: **PRFS** (X) Change () Addition

BEDARD, DENNIS R Name: Name: JEAN, TANISE 1717 N BAYSHORE DRIVE SUITE 215 1717 N BAYSHORE DRIVE SUITE 215 Address: Address:

City-St-Zip: MIAMI, FL 33132 US City-St-Zip: MIAMI, FL 33132 US

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

Name: ABREU, BARBARA Name: ABREU, BARBARA

1221 BRICKELL AVENUE, SUITE 1120 1717 N BAYSHORE DRIVE SUITE 215 Address: Address:

MIAMI, FL 33131 US MIAMI, FL 33132 US City-St-Zip: City-St-Zip:

() Delete Title: Title: () Change (X) Addition Name: MAXANDRA, DESROSIERS Name: 1717 NORTH BAYSHORE DRIVE Address Address:

City-St-Zip: City-St-Zip: MIAMI, FL 33132

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: MAXANDRA DESROSIERS D 12/07/2007