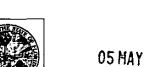
2005 FOR PROFIT CORPORATION -- -

REINSTATEMENT DOCUMENT # P97000009135



GUARDIAN TITLE INSURANCE COMPANY OF FLORIDA								D5 HAY			
Principal Place of Business 2701 SOUTH BAYSHORE DRIVE SUITE 315 MIAMI, FL 33133			Mailing Address 2701 SOUTH BAYSHORE DRIVE SUITE 315 MIAMI, FL 33133				SECRETARY OF STATE TALLAHASSEE. FLORIDA				
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				05092005	REIN-P	CR2E	098 (6/04)	MKD
City & State			City & State				4. FEI Number 65-074			— — — —	oplied For ot Applicable
Zip	Country		Zip	try		5. Certificate of Status Desired Sta					
	6. Name and Addres	s of Current Regis	tered Agent				7. Name and	Address of New	Registered A	gent	
TAYLOR, BRENDA E					Name Roland Sanchez-Medina, Jr.						
2701 SOUTH BAYSHORE DRIVE SUITE 315					Street Address (P.O. Box Number is Not Acceptable) Sanchez-Medina & Associates, P.A.						
MIAMI, FL 33133					City	2333 Ponce de Leon Blvd., Ste 302					
8. The above named entity submits this statement for the purpose of changing its reg					Co		Gable		FL.	Zin Code	
the obligations of registered agent.											
SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NOW!!! FEE IS \$300.00								In accordance corporation d			
10. OFFICERS AND DIRECTORS					•		ADDITIONS.	/CHANGES TO O	FFICERS AND	DIRECTORS	S IN 11
TITLE NAME	PST TAYLOR, BRENDA	=	☐ Delete	TITL						☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	2701 SOUTH BAYSHORE DRIVE, SUITE 315 MIAMI, FL 33133				ET ADDRESS -ST-ZIP	R	eins'	TATEN	MENT	04-	-05
TITLE	VP Delete				E					☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP					ET ADDRESS '- ST-ZIP						
TITLE	AS		☐ Delete	TITL	E					☐ Change	Addition
NAME STREET ADDRESS CITY+ST-ZIP	Roland Sanchez-Medina, Jr. 2333 Ponce de Leon Blvd., The				ET ADDRESS -ST-ZIP		41 05/2	0005 5 4/05010	32008 76011	314 **300	.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Suite 302 Coral Gabl	es, FL	□ Delete 3 3 1 3 4		I .					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ 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.

PLULA - AS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR