

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

99 MAR 31 PM 12:05  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # 410234**

1. Corporation Name  
**GULF STREAM TITLE COMPANY OF MIAMI**

Principal Place of Business 615 NE 124 ST PO BOX 357 NORTH MIAMI FL 33161	Mailing Address 17911 VON KARMAN 300 IRVINE CA 92714 US
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If above addresses are incorrect in any way, line through incorrect information and enter correction below:

**REINSTATEMENT** 9/8-09



2. New Principal Office Address, If Applicable 615 N.E. 124 STREET	3. New Mailing Office Address, If Applicable 17911 VON KARMAN
Suite, Apt. #, etc.	Suite, Apt. #, etc. 300
City & State MIAMI, FL	City & State IRVINE, CA
Zip 33161	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 10/06/1972	Applied For <input type="checkbox"/>
5. FEI Number 59-1439766	Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	<b>\$8.75 Additional Fee required for a Certificate of Status</b>

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PD	MAUDSLEY, RONALD R.	17911 VON KARMAN AVE #300 3938 STATE STREET, 2ND FLOOR	IRVINE CA 92714 SANTA BARBARA, CA 93105
T	NEUREUTER, HOLLY	280 WEKIVA SPRINGS ROAD, #148	LONGWOOD FL
CD	FOLEY, WILLIAM P I	<del>17911 VON KARMAN SUITE 500</del> 3916 STATE STREET, SUITE 300	IRVINE CA SANTA BARBARA, CA 93105
V	GLENN, SUSAN KAY	615 N.E. 124TH STREET	NORTH MIAMI FL
S	KANE, M'LISS JONES	17911 VON KARMAN STE 300	IRVINE CA

8. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM**  
 1200 SOUTH PINE ISLAND RD.  
 PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc. **4100002832344--8**  
 City **04/07/99--01079--016**  
**\*\*\*30013016\*\*\***  
**FL**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *[Signature]* **D.F. Hickey, Asst. Secy.** Date **12-8-98**  
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

**SIGNATURE:** *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**M'LISS JONES KANE, SECRETARY**

Date **12/09/98** (949)622-4326  
 Daytime Phone #

CR2ED40 (9/98)