2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 10, 2005
Secretary of State

DOCUMENT# F04000006342

Entity Name: TITLEVEST AGENCY, INC.

Current Principal Place of Business:

60 EAST 42ND STREET, SUITE 2122
NEW YORK, NY 10165

New Principal Place of Business:

60 EAST 42ND STREET
SUITE 2122
NEW YORK, NY 10165

Current Mailing Address:

60 EAST 42ND STREET, SUITE 2122
NEW YORK, NY 10165

New Mailing Address:

60 EAST 42ND STREET
SUITE 2122
NEW YORK, NY 10165

FEI Number: 13-4144846 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD., INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: NATIONAL CORPORATE RESEARCH, LTD, INC.
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: CPS ( ) Delete
Name: BARON, WILLIAM
Address: 60 EAST 42ND STREET, SUITE 2122
City-St-Zip: NEW YORK, NY 10165

Title: VCVT ( ) Delete
Name: BARON, ROBERT
Address: 60 EAST 42ND STREET, SUITE 2122
City-St-Zip: NEW YORK, NY 10165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLIAM BARON CPS 10/10/2005
Electronic Signature of Signing Officer or Director Date