From:

07/31/2007 16:46 #237 P.002/002

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUL 31 PM 5:34

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F04000006342

1. Corporation Name

TITLEVEST AGENCY, INC.

REINSTATEMENT

06-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
44 WALL ST	44 WALL ST
Suite, Apt. #, etc. 10TH FLOOR	Suite, Apt. #, etc. 10TH FLOOR
City & State NEW YORK, NY	City & State NEW YORK, NY
Zip 10005 Country	Zip 10005 Country

4. Date Incorporated or Qualified To Do Business In Florida 11/5/2004

5. FEI Number 134144846 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status.

7. Name and Address of Current Registered Agent

Name: National Corporate Research Ltd., Inc.

Street Address (P.O. Box Number is Not Acceptable): 515 East Park Avenue

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Petrona Varela / Asst. Sect. Date: 7/30/07

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CPS	BARON, WILLIAM	101 VIA FLORENZIA	PALM BEACH GARDENS, FL 33418

10. 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 contained in Chapter 119, 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: WILLIAM BARON 7/31/07 212-757-5800 x21

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State

Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : NATIONAL CORPORATE RESEARCH, LTD.
Account Number : I20000000088
Phone : (800)221-0102
Fax Number : (212)564-6083

CORPORATION REINSTATEMENT

TITLEVEST AGENCY, INC.

Certificate of Status	0
Certified Copy	0
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