

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


03 DEC -8 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

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12/03/03--01015--020 **150.00

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000087127

1. Corporation Name
Mutual Trust Title, Inc.

2. Principal Office Address 10743 SW 104th Street		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, Florida		City & State	
Zip 33176	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 1993	
5. FEI Number 65-0455766	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
Gilmore, Miriam

Street Address (P.O. Box Number is Not Acceptable)
10743 SW 104th Street

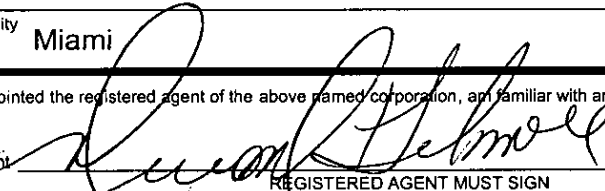
Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33176

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

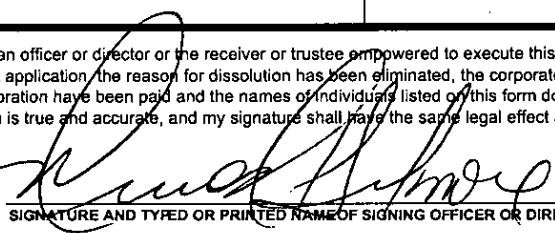
Signature of Registered Agent  Date 11/24/03

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Gilmore, Miriam	10743 SW 104th Street	Miami, Florida 33176

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 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:  11/24/03 805 275 9235

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

CR2E081 (10/02)

27

MUTUAL TRUST TITLE, INC.



October 29, 2003

Florida Department of State
Glenda E. Hood/Sect. of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: Mutual Trust Title, Inc. FEI# 65-0455766
Citi Search Title Support Services, Inc. FEI#65-0904877

To whom this may concern,

This letter is to inform the Department of an apparent error on delivery. I am the owner/President of both corporations listed above. I am writing this letter to inform you that I have not received the Annual Renewal for my corporations. I believe it may have been an error because we have been at this location for over a year and it may be that they were mailed to my previous address. Last year I renewed on-line and intended to do the same this year, but when I called the Division of Corporations I was shocked to hear that the penalty would be \$500 per corporation. By way of this writing I am pleading for the Department to relieve me of this penalty, I have been in business for 10 years now and intend to continue, but this penalty instills a hefty unexpected cost that my corporations are not in the financial position to pay.

Please review my plea and advise if I can just renew at the regular cost of \$150.

Thank you for your review.


Miriam Gilmore
Mutual Trust Title, Inc.