

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

**FILED**

98 NOV 18 PM 2:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000045088**

1. Corporation Name

**NATIONS TITLE CORPORATION**

Principal Place of Business

Mailing Address

19 W FLAGLER ST  
SUITE 416  
MIAMI FL 33130  
US

19 W FLAGLER ST  
SUITE 416  
MIAMI FL 33130  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

2666 Tigertail Avenue

2666 Tigertail Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 101

Suite 101

City & State

City & State

Coconut Grove, Fl.

Coconut Grove, Fl.

Zip

Zip

33133

33133

Country

Country

US

US

**REINSTATEMENT** 98

4. Date Incorporated or Qualified To Do Business in Florida

06/06/1995

5. FEI Number

65-0616430

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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
PSD	MARCUS, SCOTT A	19 W FLAGLER ST., SUITE 416	MIAMI FL
VPT	MARCUS, SCOTT A	19 W FLAGLER ST., SUITE 416	MIAMI FL

100002695941--0  
-11/24/98--01095--032  
\*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARCUS, SCOTT A  
19 W FLAGLER ST  
SUITE 416  
MIAMI FL 33130

Name

SCOTT A. MARCUS

Street Address (P.O. Box Number is Not Acceptable)

2666 Tigertail Avenue

Suite, Apt. #, Etc.

Suite 101

City

Coconut Grove

State

FL

Zip Code

33133

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 REQUIRED**

REGISTERED AGENT MUST SIGN

Date November 17, 1998

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)(l), 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

November 17, 1998 305-860-6161

Date / Daytime Phone

CR2E040 (8/98)