

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT -8 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P97000105241

1. Corporation Name

A.S.A.P. Title Corp.

800023215338

10/15/03--01040--004 **150.00

2. Principal Office Address

101 Madeira Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

101 Madeira Avenue

Suite, Apt. #, etc.

City & State

Coral Gables, Florida

City & State

Coral Gables, Florida

Zip

33134

Country

Zip

33134

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/15/1997

5. FEI Number

650833028

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Carlos M. Machado, Esq.

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

101 Madeira Avenue

Suite, Apt. #, Etc.

City

Coral Gables,

State

FL

Zip Code

33134

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/7/03

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
SD	Carlos M. Machado	101 Madeira Avenue	Coral Gables, FL 33134
PD	Juan T. Rodriguez	101 Madeira Avenue	Coral Gables, FL 33134

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:

[Signature] Carlos M. Machado

Date 10/7/03 (305) 377-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E081 (10/02)