

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 196913

1. Corporation Name

GULF ABSTRACT & TITLE INC

Principal Place of Business

PO BOX 1877
FT. MYERS FL 33901
US

Mailing Address

PO BOX 1877
FT. MYERS FL 33901
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business In Florida

10/18/1956

5. FEI Number

59-0785321

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	ROOSA, RICHARD V	1714 CAPE CORAL PKWY.	CAPE CORAL FL
ST	BUCKLEY, STEPHEN	2201 MAIN STREET	FT MYERS FL
V	JOHNSON, SAMUEL V	2229 FIRST STREET	FT MYERS FL
D	HARRISON, SIMON N	1802 COLONIAL BLVD.	FT. MYERS FL
D	BRETT, JAY	2121 WEST 1ST ST.	FT MYERS FL
D	SIMPSON, JOE	1819 JACKSON ST.	FT MYERS FL

8. Name and Address of Current Registered Agent

GREEN, CHARLES F JR.
2751 MCGREGOR BLVD.
FT. MYERS FL 33901

9. Name and Address of New Registered Agent

Name Charles F. Green, Jr.

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

1307 Plumosa Dr.

Suite, Apt. #, etc.

City

FT. Myers

State

FL

Zip Code

33901

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

Charles F. Green, Jr.

REGISTERED AGENT MUST SIGN

Date

12/2/97

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen Buckley

Date

12/1/97

Daytime Phone #

FILED

97 DEC -3 PM 2:11

SECRETARY OF STATE



REINSTATEMENT

97

CP2E040 (8/97)