

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



FILED

99 JUN 10 AM 10:47

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 197089

1. Corporation Name

GULF-ATLANTIC TITLE COMPANY

Principal Place of Business: 1560 Lancaster Terrace, Jacksonville, FL. 32204
 Mailing Address: 1560 Lancaster Terrace, Jacksonville, FL. 32204

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

| | | | | | |
|---|---------|---|---------|---|--|
| 2. New Principal Office Address, If Applicable 630 Palmer Avenue | | 3. New Mailing Office Address, If Applicable 630 Palmer Avenue | | 4. Date Incorporated or Qualified To Do Business in Florida 10-25-56 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. FEI Number 59-6075371 | |
| City & State Winter Park, FL | | City & State Winter Park, FL | | Applied For Not Applicable | |
| Zip 32789 | Country | Zip 32789 | Country | 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | |

REINSTATEMENT

93-99
 181
 6/10/99

| 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 |
| PSTD | FAWSETT, EDITH BOTTS | 630 PALMER AVENUE | WINTER PARK, FL. 32789 |
| | | | |
| | | | |
| | | | 400002902014--2 -06/11/99--01062--001 ***1658.75 ***1658.75 |

| | | | |
|---|--|---|--|
| 8. Name and Address of Current Registered Agent BOTTS, GUY W. 1560 Lancaster Terrace Jacksonville, FL. 32204 | | 9. Name and Address of New Registered Agent Name: CORPORATION COMPANY OF MIAMI Street Address (P.O. Box Number is Not Acceptable): 201 S. Biscayne Blvd. Suite, Apt. #, Etc.: 1600 Miami Center City: Miami State: FL Zip Code: 33131 | |
|---|--|---|--|

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: *Lalaine G. Handan, Asst. Sec.* Date: 5/4/99
 REGISTERED AGENT MUST SIGN

11. This corporation owes 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: *Edith Botts Fawcett* Director 5/6/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: EDITH BOTTS FAWSETT (formerly Edith B. Cockrell) Date: Daytime Phone #

CR2E081 (12/98)