

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 AUG 26 AM 11:49

DOCUMENT # 197089

1. Corporation Name

Gulf-Atlantic Title Company

2. Principal Office Address - No P.O. Box #

630 Palmer Avenue

Suite, Apt. #, etc.

City & State

Winter Park, Florida

Zip

32789

Country

USA

3. Mailing Office Address

630 Palmer Avenue

Suite, Apt. #, etc.

City & State

Winter Park, Florida

Zip

32789

Country

USA

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-6075371

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

Jeffrey M. Koltun

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

557 North Wymore Road

Suite, Apt. #, Etc.

Suite 100

City

Maitland

State

FL

Zip Code

32751

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

8/14/08

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
DPST	Edith Botts Fawsett	630 Palmer Avenue	Winter Park, Florida 32789
			08/15/08 01014-008 **1200.00
			900134591299
			08/15/08 01014-008 **1200.00

B 8/26/08
REINSTATEMENT 01-08

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 contained in Chapter 119, 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 Fawsett* Edith Botts Fawsett

8-13-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #