

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 # 256095

1. Corporation Name

MIAMI TITLE & ABSTRACT CO

Principal Place of Business

Mailing Address

280 WEKIVA SPRINGS ROAD  
148  
LONGWOOD FL 32779  
US

17911 VON KARMAN  
300  
IRVINE CA 92714  
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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/19/1962

5. FET Number

NOT APPLICABLE

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	2	3	4
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
V	<del>TYSON, DARRYL</del> Wallace, Daniel A.	<del>14100 NW 58 CT</del> 901 North Lake Destiny Drive, #395	MIAMI LAKES FL Maitland, FL 32751
CEO	FOLEY, WILLIAM P II	17911 VON KARMAN, SUITE 400 3916 STATE STREET, SUITE 300	IRVINE CA SANTA BARBARA, CA 93105
CT CFO, D	<del>STUNK, CARL A</del> STINSON, ALAN L.	17911 VON KARMAN, SUITE 400 3916 STATE STREET, SUITE 300	IRVINE CA SANTA BARBARA, CA 93105
DP	MAUDSLEY, RONALD R	280 WEKIVA SPRINGS RD, #148 3938 STATE STREET, 2ND FLOOR	LONGWOOD FL SANTA BARBARA, CA 93105
S	KANE, M'LISS JONES	17911 VON KARMAN STE 300	IRVINE CA

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc

City

300002832339--3

04/07/99-01079-014

\*\*\*900.00 \*\*\*900.00

State Zip Code

FL

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]*

D.F. Hickey, Asst. Secy.

12-8-98

Date

REGISTERED AGENT MUST SIGN

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
M'LISS JONES KANE, SECRETARY

12/09/98

Date

(949)622-4326

Daytime Phone #