


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		931028-01 PM 2:04  RECEIVED DIVISION OF CORPORATIONS	
<b>DOCUMENT # 250212</b>					
1. Corporation Name <b>INTER-AMERICAN TITLE CORPORATION</b>					
Principal Place of Business <b>1318 NW 7 STREET MIAMI, FL. 33125</b>		Mailing Address <b>1318 NW 7 STREET MIAMI FL. 33125</b>			
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 <b>04/24/62</b> 5. FEI Number <b>59-1008046</b> 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				Applied For Not Applicable <b>\$8.75 Additional Fee required for a Certificate of Status</b>	
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		
PRES.	EDWARD FEINSTEIN	1318 N.W. 7 STREET	MIAMI, FL. 33125		
SEC.	LILIANA GARCIA	1318 N.W. 7 STREET	MIAMI, FL. 33125		
				7000002793427-5	
				-03/03/99--01067--005	
				****300.00 ****300.00	
8. Name and Address of Current Registered Agent <b>EDWARD FEINSTEIN 1318 N.W. 7 STREET MIAMI, FL. 33125</b>			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <b>FL</b> Zip Code		
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 <i>Edward Feinstein</i> REGISTERED AGENT MUST SIGN Date					
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input type="checkbox"/> (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. <i>Edward Feinstein</i> <b>SIGNATURE: EDWARD FEINSTEIN</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
		02/14/99		305-324400 EXT. 18	
		Date		Daytime Phone #	

CPRF081 (12-98)