

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 OCT 16 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 631218

1. Corporation Name

NORTH AMERICAN TITLE INSURANCE AGENCY, INC.

Principal Place of Business

Mailing Address

11595 KELLY ROAD
FT. MYERS FL 33908

11595 KELLY ROAD
FT. MYERS FL 33908



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

4. Date Incorporated or Qualified
To Do Business in Florida

07/30/1979

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1938004

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	LITCHFIELD, VAL	1423 SE 18TH ST	CAPE CORAL FL 33990
VD	LITCHFIELD, ENCOEN	1423 SE 18TH ST	CAPE CORAL FL
VDST	HABIG, ANGELIQUE J	2307 HUNTER ST.	FORT MYERS FL
VD	WILKINSON, WILLIAM	2358 MORENO AVE.	FT. MYERS FL

8. Name and Address of Current Registered Agent

LITCHFIELD, VAL
11595 KELLY RD STE 221
FT. MYERS FL 33908

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

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

Val Litchfield
REGISTERED AGENT MUST SIGN

Date 10-10-00

11. 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:

Val Litchfield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-10-00

Date

Daytime Phone #

CR2E040 (8/00)