

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT #

665739

1. Corporation Name

CAPITAL TITLE COMPANY OF WEST PALM BEACH

Principal Place of Business

4400 PGA Blvd -
#700

Mailing Address

-P.O. Box-32011
Palm-Beach-Gardens, Fla
33420

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

Palm Beach Gardens, Fla

Zip

Country

Zip

Country

Palm Beach

4. Date Incorporated or Qualified
To Do Business in Florida

04/04/80

5. FEI Number

59-2000-374

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. 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
PTD	Develle, Albert L., III	34 Edin Burch Dr.	Palm Beach Gardens, Fla
SB	Develle, Janice E.	34 Edin Burch Dr.	Palm Beach Gardens, Fla
B	Lambert, Roger E.	1615 Forum Place	West Palm Beach, Fla
SD	Develle, Kahty J.	34 Edin Burch Dr.	Palm Beach Gardens, Fla
D	Develle, Daniel L.	34 Edin Burch Dr.	Palm Beach Gardens, Fla

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8. Name and Address of Current Registered Agent

Develle, Albert L., III
34-Edin-Burch-Drive-
Palm-Beach-Gardens,
Florida--33410---

9. Name and Address of New Registered Agent

Name Develle, Albert L., III

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

4400 PGA Blvd

Suite, Apt. #, Etc.

Suite 700

City

Palm Beach Gardens

State

FL

Zip Code

33410

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

Albert L. Develle III

REGISTERED AGENT MUST SIGN

Date

8-23-99

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: ☒

Albert L. Develle III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Albert L. Develle III, Pres.

8/23/99

Date

561-625-0908

Daytime Phone #

CR2E01 (12/98)