

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 FEB 27 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 075096

1. Corporation Name

Community Title Corp.

2. Principal Office Address

7836 SE Sugar Sand Cir

Suite, Apt. #, etc.

City & State

Hobe Sound

Zip FL 33455

Country

USA

3. Mailing Office Address

7836 SE Sugar Sand Circle

Suite, Apt. #, etc.

City & State

Hobe Sound

Zip

33455

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

June 10 1980

5. FEI Number

592001831

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

SUSAN C. Fitzgerald

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

7836 SE Sugar Sand Circle

Suite, Apt. #, Etc.

City

Hobe Sound

600005181136--6

-04/01/02--01095--030

*****8.75 *****8.75

600005181136--6

-04/01/02--01095--031

*****00.00 *****00.00

State

FL

33455

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**

REGISTERED AGENT MUST SIGN

Date 2-21-02

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

Pres. SUSAN C. Fitzgerald 7836 SE Sugar Sand Cir Hobe Sound FL 33455

SD " " " " " "

VT QUIN Fitzgerald Stevens 16846 - 121st Terr. N Jupiter FL 33478

" " " " " "

" " " " " "

" " " " " "

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 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:

SUSAN C. Fitzgerald
President

Date

2-21-02

Daytime Phone #

561-745-7004

CR2E081 (9/01)