

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 # 811066

1. Corporation Name

NATIONS TITLE INSURANCE OF NEW YORK INC.

Principal Place of Business

2 PARK AVE  
3RD FLOOR  
NEW YORK NY 10016  
US

Mailing Address

17911 VON KARMAN AVE  
SUITE 300  
IRVINE CA 92614  
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

05/29/1956

5. FEI Number

11-0907410

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
B/C	FOLEY, WILLIAM P II	17911 VON KARMAN AVE SUITE 500 3916 STATE STREET, SUITE 300	IRVINE CA SANTA BARBARA, CA 93105
PD	WILLEY, FRANK P STONE, PATRICK F.	17911 VON KARMAN AVE SUITE 500 3938 STATE STREET, 2ND FLOOR	IRVINE CA SANTA BARBARA, CA 93105
TD	STUNK, CARL A STINSON, ALAN L.	17911 VON KARMAN AVE SUITE 500 3916 STATE STREET, SUITE 300	IRVINE CA SANTA BARBARA, CA 93105
EVPD	WIMER, CHARLES H	2 PARK AVE 3RD FLOOR	NEW YORK NY
VD	RICHARDS, JONATHAN A	2 PARK AVE 3RD FLOOR	NEW YORK NY
D/V	QUINTERNO, CHRISTOPHER J	2 PARK AVE 3RD FLOOR	NEW YORK NY

8. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER  
THE CAPITAL  
TALLAHASSEE FL 32304

9. Name and Address of New Registered Agent

Name

CT CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

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

D.F. Hickey, Asst. Secy.

Date

12-8-98

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

12/09/98

Date

(949)622-4326

Daytime Phone #

CR2040 (9/96)