

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 # 812129

1. Corporation Name

FIDELITY NATIONAL TITLE INSURANCE COMPANY OF PENNSYLVANIA

Principal Place of Business

Mailing Address

200 WEEHWA SPRINGS ROAD  
148  
LONGWOOD FL 32779  
48-

17911 VON KARMAN  
300  
IRVINE CA 92714  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
901 N. LAKE DESTINY DRIVE

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 395

City & State

City & State

MAITLAND, FLORIDA

Zip

Country

Zip

Country

32751

USA

92614

US

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
SVPS	KANE, M'LISS JONES	17911 VON KARMAN, SUITE 300	IRVINE CA 92614
D	QUIRK, RAYMOND R	<del>2920 STATE ST, 2ND FLOOR</del> 3938 STATE ST., 2ND FLOOR	SANTA BARBARA CA 93105
TDV	STRUNK, CARL A	<del>17911 VON KARMAN, SUITE 500</del> 3916 STATE ST., #300	<del>IRVINE CA</del> SANTA BARBARA, CA 93105
VD	MAUDSLEY, RONALD R	3938 STATE ST, 2ND FLOOR	SANTA BARBARA CA 93105
DP	STONE, PATRICK F	3938 STATE ST, 2ND FLOOR	SANTA BARBARA CA 93105
D	FRATES, JOHN A	901 N LAKE DESTINY RD, SUITE 395	MAITLAND FL 32571

8. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER  
THE CAPITOL BUILDING  
TALLAHASSEE FL 32399

9. Name and Address of New Registered Agent

Name

KARLA J. STAKER

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

901 N. LAKE DESTINY DRIVE

Suite, Apt. #, Etc.

SUITE 395

City

MAITLAND

State

Zip Code

FL

32751

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

*Karla J. Staker*  
REGISTERED AGENT MUST SIGN

Date: 1/15/99

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:

*Michael J. Staker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SENIOR VICE PRES., SECRETARY 1/18/99 (949) 622-4326

Date

Daytime Phone #



REINSTATEMENT 98-99

4. Date Incorporated or Qualified  
To Do Business in Florida

08/10/1957

5. FEI Number

23-1290668

Applied For

Not Applicable

6

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

CR2E040 (9/98)