

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 # 813958

1. Corporation Name

FIDELITY NATIONAL TITLE INSURANCE COMPANY OF NEW YORK

Principal Place of Business

Mailing Address

2 PARK AVENUE
NEW YORK NY 10016

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

3. New Mailing Office Address, If Applicable

2 PARK AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.
3RD FLOOR

Suite, Apt. #, etc.

City & State
NEW YORK, NEW YORK

City & State

Zip
10016

Country
USA

Zip
92614

Country

REINSTATEMENT 98

4. Date Incorporated or Qualified
To Do Business in Florida

10/10/1959

5. FEI Number

13-1286310

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DC	FOLEY, WILLIAM P II	17911 VON KARMAN, SUITE 500 3916 STATE STREET, SUITE 300	IRVINE CA SANTA BARBARA, CA 93105
DVT CFO/T	STRUNK, CARL A. STINSON, ALAN L.	17911 VON KARMAN, SUITE 500 3916 STATE STREET, SUITE 300	IRVINE CA SANTA BARBARA, CA 93105
P	STONE, PATRICK F.	17911 VON KARMAN, SUITE 500 3938 STATE STREET, 2ND FLOOR	IRVINE CA SANTA BARBARA, CA 93105
DEV	WILLEY, FRANK P	17911 VON KARMAN, SUITE 500 3916 STATE STREET, SUITE 300	IRVINE CA SANTA BARBARA, CA 93105
DVS	WIMER, CHARLES H	2 PARK AVENUE, 3RD FLOOR	NEW YORK NY 10016
D/SRVP	RICHARDS, JONATHAN A.	2 PARK AVENUE, 3RD FLOOR	NEW YORK NY 10016

8. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32399

600002726646--3
-12/30/98--01072--003
****250.00 ****250.00

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

State
FL

Zip Code
33324

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.

12-8-98

Date

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:

M'Liss Jones Kane
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
M'LISS JONES KANE, ASSISTANT SECRETARY

12/09/98

(949) 622-4326

Date

Daytime Phone #

CR2E040 (9/98)