

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 20 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F00000002299**

1. Corporation Name

NORTHWEST TITLE AND ESCROW CORP.

Principal Place of Business

4255 WHITE BEAR PKWY
STE 1300-A
SAINT PAUL MN 55110-3383

Mailing Address

4255 WHITE BEAR PKWY
STE 1300-A
SAINT PAUL MN 55110-3383

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/24/2000

5. FEI Number

41-1455660

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	4 City / State / Zip
C	HOLSTAD, WAYNE B	1690 MN WORLD TRADE CTR, 30 E. 7	SAINT PAUL MN 55101
B	ONLOFT, WAYNE	4255 WHITE BEAR PKWY, STE 1300-A	SAINT PAUL MN 55110
D	JACOBSEN, STEVE	NORTH 1040 NORTH 2ND STREET RD	WATERTOWN WI 53098
P	GRIEBENOW, FRANK	4255 WHITE BEAR PKWY, STE 1300-A	SAINT PAUL MN 55110
VCFO	JACOBSEN, DALE	4255 WHITE BEAR PKWY, STE 1300-A	SAINT PAUL MN 55110
ST	JENSEN, SHELDON	4255 WHITE BEAR PKWY, STE 1300-A	SAINT PAUL MN 55110

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent *[Signature]* **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date **10/30/2002**

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/7/02

**651-490
59056**

CR2E040 (8/02)