

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR -3 PM 2:35

DOCUMENT # **F35140**

1. Corporation Name

Central Florida Title Co. of Lakeland, Inc.

900121353089
03-26-08 01037 UUS 300.00

2. Principal Office Address - No P.O. Box #

4250 So. Florida Ave St 5

3. Mailing Office Address

4250 So. Florida Ave

Suite, Apt. #, etc.

Suite 5

Suite, Apt. #, etc.

Suite 5

City & State

Lakeland, Fl.

City & State

Lakeland, Fl

Zip

33813

Country

USA

Zip

33813

Country

USA

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

5. FEI Number

59-2108736

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

7. Name and Address of Current Registered Agent

Name

Philip Juliano

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

4609 Darcin Dr.

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33813

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

Philip Juliano

Date 4/2/08 8636465008

REGISTERED AGENT MUST SIGN

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
P	Philip Juliano	4609 Darcin Dr.	Lakeland, Fl 33813
SD	Karen Juliano	4609 Darcin Dr.	Lakeland, Fl 33813

900121353089
04/07/08--01035--015 **150.00

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 contained in Chapter 119, 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:

Philip Juliano
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-08
Date

8636465008
Daytime Phone #