

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		THE STATE OF FLORIDA REINSTATEMENT APPLICATION	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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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.

**2. Principal Office Address - No P.O. Box #**  
4250 So. Florida Ave

**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

**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

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.

**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*

REGISTERED AGENT MUST SIGN

Date **4/2/08 8636465008**

**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

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04/01/08--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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-208 8636465008**

Date

Daytime Phone #