


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 00 OCT 20 PM 1:42
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # **F40702**
 1. Corporation Name
ATTORNEYS TITLE SERVICES, INC. OF DADE COUNTY

2. Principal Office Address 800 SE 3rd Ave.		3. Mailing Office Address 800 SE 3rd Ave.	
Suite, Apt. #, etc. Suite # 300		Suite, Apt. #, etc. Suite # 300	
City & State Ft. Lauderdale, Fl.		City & State Ft. Lauderdale, Fl.	
Zip 33316	Country USA	Zip 33316	Country USA

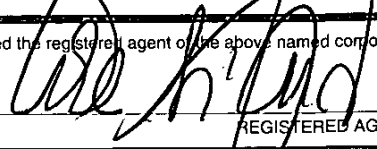
REINSTATEMENT 90-60

4. Date Incorporated or Qualified To Do Business in Florida 8/10/81	
5. FEI Number 59-2133174	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name ALAN S. TIFFORD	000003448050-9
Street Address (P.O. Box Number is Not Acceptable) 800 SE 3rd Avenue	-11/02/00-01006-04
Suite, Apt. #, Etc. Suite # 300	***2081.25 ***2081.25
City Fort Lauderdale	State Zip Code FL 33316

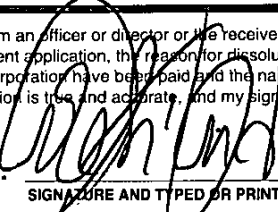
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  Date **10/19/00**
 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/D	ALAN S. TIFFORD	800 SE 3rd Ave. Ste #300	Fort Lauderdale, Fl. 33316

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 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  **ALAN S. TIFFORD** **10/19/00** **(954) 764-0098**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/99)