

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

00 NOV 13 AM 7:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F66031

1. Corporation Name

BENCHMARK TITLE AGENCY, INC.

Principal Place of Business

Mailing Address

~~UNITED STATES CORPORATION COMPANY~~
41 SOUTH HIGH STREET SUITE 2600
COLUMBUS OH 43215

~~UNITED STATES CORPORATION COMPANY~~
41 SOUTH HIGH STREET SUITE 2600
COLUMBUS OH 43215



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

4. Date Incorporated or Qualified
To Do Business in Florida

02/04/1982

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

31-1026956

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
DV	DINGLEY, JAY R	41 SOUTH HIGH STREET	COLUMBUS OH 43215
STD	ZOX, BENJAMIN L	41 SOUTH HIGH STREET	COLUMBUS OH 43215
P	TILLIS, JOANN	3818 W LINEBAUGH #102 3450 BUSCHWOOD PARK DR. #150	TAMPA FL 33618
			200003496642--2 -12/12/00--01028--024 ****750.00 ****750.00

REINSTATEMENT 2000

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYES ST
STE. 105
TALLAHASSEE FL 32301

Name Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

Suite, Apt. #, Etc.

City Tallahassee

State
FL

Zip Code
32301

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

SIGNATURE FOR BENCHMARK
BRIAN COURTNEY, ASST. VP.
REGISTERED AGENT MUST SIGN

Date

11/10/2000

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-1-00

Date

Daytime Phone #

CR2E040 (8/00)