

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **915.00**

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 MAY -5 PH 1:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000006394**

1. Corporation Name

**TITLE MANAGEMENT COMPANY OF TEXAS**

*W77-8485*

Principal Place of Business

Mailing Address

5430 NW 33RD AVE #103  
FT LAUDERDALE FL 33309

5430 NW 33RD AVE #103  
FT LAUDERDALE FL 33309



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

12/14/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

76-0298460

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CP	KAYTON, DAVID	2128 N BAY ROAD	MIAMI BEACH FL 33140
VST	MATTHEW, KAYTON	2128 BAY RD	MIAMI BEACH FL
V	MARK, KAYTON	2128 N BAY RD	MIAMI BEACH FL
T	TONYA SUTT	5430 NW 33 AVE #103	FT LAUDERDALE, FL 33309
			800002176938--7
			05/13/97--01080--008
			****915.00 ****915.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MATTHEW, KAYTON  
2128 N BAY RD  
MIAMI BEACH FL 33140

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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]*

Date

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/97  
Date

954.677.9100  
Daytime Phone #

CR2E040 (7/96)