

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

90 JAN -5 PM 2: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000005035

1. Corporation Name

FIDELITY NATIONAL 1031 EXCHANGE SERVICES, INC.

Principal Place of Business

Mailing Address

501 N LAKE DESTINY DRIVE
SUITE 395
MAITLAND FL 32751
US

17911 VON KARMAN AVE.
SUITE 300
IRVINE CA 92714

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

10/17/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.
SUITE 300

5. FEI Number

33-0320249

Applied For

Not Applicable

City & State

City & State
IRVINE, CA

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

Zip

Country

Zip
92614

Country
USA

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PC D/CEO	FOLEY, WILLIAM P II	17911 VON KARMAN AVE, STE 500 3916 STATE STREET, SUITE 300	IRVINE CA 92714 SANTA BARBARA, CA 93105
P	SAUNDERS, SCOTT BUTLER, RADAH	3938 STATE ST, #260 98 BATTERY ST., 4TH FLOOR	SANTA BARBARA CA 93105 SAN FRANCISCO, CA 94111
VS	KANE, M'LISS J	17911 VON KARMAN AVE, #500 17911 VON KARMAN AVE, #300	IRVINE CA 92614
CFO/T	STINSON, ALAN L.	3916 STATE STREET, SUITE 300	SANTA BARBARA, CA 93105
D/V	WILLEY, FRANK P.	3916 STATE STREET, SUITE 300	SANTA BARBARA, CA 93105
D	QUIRK, RAYMOND R.	3938 STATE STREET, 2ND FLOOR	SANTA BARBARA, CA 93105

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

9000002739279--5

Suite, Apt. #, Etc.

01/13/93--01030--003

City

***750.00

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]
D.F. Hickey, Asst. Secy
REGISTERED AGENT MUST SIGN

Date 12-8-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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)(f), 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
M'LISS JONES KANE, SECRETARY

12/09/98

Date

(949) 622-4326

Daytime Phone #

CR2E040 (9/98)