

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F97000003760

1. Corporation Name

A & D TITLE, INC.

Principal Place of Business

Mailing Address

7900 GLADES ROAD, SUITE 200  
BOCA RATON FL 33434

7900 GLADES ROAD, SUITE 200  
BOCA RATON FL 33434

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/18/1997

5. FEI Number 65-0769487  
APPLIED FOR

Applied For

Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	MOTTA, JAMES D	7900 GLADES ROAD	BOCA RATON FL 33434
V	CASEY VEONAS, GEORGE	1205 ARVIDA PARKWAY	WESTON FL 33327
S	NIELSEN, PAUL C	900 N. MICHIGAN AVENUE	CHICAGO IL 60611
T	KOGEN, HOWARD	900 N. MICHIGAN AVENUE	CHICAGO IL 60611 1763--6 -12/14/98--01098--014
D	NICKELE, GARY	900 N. MICHIGAN AVENUE	CHICAGO IL 60611 ***750.00 ***750.00
REINSTATEMENT 12/11/98 R.			

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

JOHN BARIC, ARVIDA

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

7900 GLADES ROAD

Suite, Apt. #, Etc.

Suite 200

City

Boca Raton

State

FL

Zip Code

33434

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]*

REGISTERED AGENT MUST SIGN

Date 12/2/98

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

Date

12/2/98 561479-1212

Daytime Phone #

CR2E040 (6/98)