

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 SEP 11 AM 11:44

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # F97000003760

1. Corporation Name

A & D TITLE, INC.

2. Principal Office Address

7900 Glades Road, Ste 200

Suite, Apt. #, etc.

Suite 200

City & State

Boca Raton, Florida 33434

Zip

33434

Country

USA

3. Mailing Office Address

7900 Glades Road, Ste 200

Suite, Apt. #, etc.

Suite 200

City & State

Boca Raton, Florida 33434

Zip

33434

Country

USA

REINSTATEMENT

99-10

**4. Date Incorporated or Qualified
To Do Business in Florida** 07/19/1997

5. FEI Number

65-0769487

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

John Baric

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

600003398326-7

09/19/00 01060-003

******900.00 ****900.00**

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

John Baric

REGISTERED AGENT MUST SIGN

Date **8-30-00**

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	James D. Motta	7900 Glades Road	Boca Raton, FL 33434
V	George Casey	1205 Arvida Parkway	Weston, FL 33327
S	Paul Nielsen	900 N. Michigan Avenue	Chicago, IL 60611
D	Gary Nickele	900 N. Michigan Avenue	Chicago, IL 60611
			KE

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:

James D. Motta

James D. Motta

8/31/00

561-479-1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)