

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # F98000004105

1. Corporation Name

ELECTRONIC CLOSING SERVICES, INC.

Principal Place of Business

Mailing Address

1980 POST OAK BLVD.. STE 900
HOUSTON TX 77056

1980 POST OAK BLVD.. STE 900
HOUSTON TX 77056

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
To Do Business in Florida

5. FEI Number

76-0570062

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status



800003463538--5

-11/15/00-01010--006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 30 AM 11:10

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 3	City / State / Zip 4
P	WEAVER, LINDA	1980 POST OAK BLVD	HOUSTON TX
S	WEAVER, KEVIN	1980 POST OAK BLVD	HOUSTON TX
VP	WINSTEL, LORETTA	388 FINGAL ST	PTTSBURGH PA
D	CORKILL, BERT	1980 POST OAK BLVD	HOUSTON TX
D	FISHER, JAN	1980 POST OAK BLVD	HOUSTON TX

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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]

VICTOR ALFANO
AS ASSISTANT SECRETARY

Date

10/19/00

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-23-00

Daytime Phone #

CR2E040 (9/00)