

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR -4 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

F99 00000688

1. Corporation Name

MONTGOMERY HOME TITLE, INC.

2. Principal Office Address

1300 PICCARD DRIVE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SUITE L-105

Suite, Apt. #, etc.

City & State

ROCKVILLE, MARYLAND

City & State

Zip

20850

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2-05-99

5. FEI Number

52-1849693

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

ESTHER LISS

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

19532 BAYVIEW ROAD

Suite, Apt. #, Etc.

City

BOCA RATON

State
FL

Zip Code
33434

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

Esther Liss
REGISTERED AGENT MUST SIGN

Date *April 1, 2003*

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
PRES	MICHAEL P. BELL	1300 Piccard Dr., Ste. L-105	Rockville, MD 20850
V-Pres	Elliot M. Liss	1300 Piccard Dr., Ste. L-105	Rockville, MD 20850

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:

Michael P. Bell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-03

Date

301.622.6000

Daytime Phone #

21 414