

MAR. 11. 2005 2:55PM

CORPORATION SERVICE COMPANY

NO. 8631 P. 7

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 MAR 14 AM 9:04
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT #					
1. Corporation Name <u>P99000000949</u> Oblate Title Holding Corporation					
2. Principal Office Address 391 Michigan Ave., N.E.			3. Mailing Office Address 391 Michigan Ave., N.E.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Washington, D.C.			City & State Washington, D.C.		
Zip 20017	Country USA	Zip 20017	Country USA		

4. Date Incorporated or Qualified To Do Business in Florida		02/18/1999
5. FEI Number 52-2133726	Applied For ☒ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☒		\$4.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent	
Name Corporation Service Company	
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street	
Suite, Apt. #, Etc.	
City Tallahassee	State FL
Zip Code 32301-2525	

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.			
Signature of Registered Agent	<u>Deborah D. Skipper</u>	Asst. V. Pres.	Date <u>3/14/05</u>
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Louis Lougen	391 Michigan Ave., N.E.	Washington, D.C. 20017
VP	J. William Morell	391 Michigan Ave., N.E.	Washington, D.C. 20017
S/T/D	Joseph Hitpas	391 Michigan Ave., N.E.	Washington, D.C. 20017
S/T/D	William O'Donnell	391 Michigan Ave., N.E.	Washington, D.C. 20017
D	Warren Brown	7707 Madonna Dr.	San Antonio, TX 78216
Additional Directors On Attached			
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)(X), 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: <u>Joseph Hitpas</u>		March 4, 2005	202-529-4505
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

H05000063577 3

FILE No. 527 03/14 '05 17:11 ID: CSC
MAR. 11. 2005 2:55PM CORPORATION SERVICE COMPANY

FAX: 850 558 1515

PAGE 3/ 3

NO. 8631 P. 8

H05000063577 3

Additional Directors:

Thomas Ovalle
327 Oblate Drive
San Antonio, TX 78216

William Antone
290 Lenox Ave.
Oakland, CA 94610

H05000063577 3

Florida Department of State
Division of Corporations
Public Access System

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From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
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CORPORATION REINSTATEMENT

OBLATE TITLE HOLDING CORPORATION

Certificate of Status	1
Certified Copy	0
Page Count	03
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